CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. — Title: Commissioner of Health — Date: 3/18/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — Date: 3/18/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

APPROVED CITY COMPTROLLER

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

50361

HEALTH DEPARTMENT—CITY OF BALTIMORE

50361

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from ... 19.. to ... 19.. I last saw h.. alive on ... 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) ... M. D.

(Address)

50362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-C F 50362

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Isabella (Clara) Stevens

(a) Residence: No. Glen Arm, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Stevens

7. DATE OF BIRTH (month, day, year): June 1, 1863

8. AGE: 75 Years | Months: 3 | Days: 17 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: John Bradenkopf

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Susan E. Kraft

16. BIRTHPLACE (city or town) (State or country): Balto, Md.

17. INFORMANT (Address): Mrs. Walter Stevens, Hazel & Glenarm Sts

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenwood Date: Sept. 21 1938

19. UNDERTAKER: Fuchs, Lovejoy & Son

(Address) 701 Cathedral St.

20. FILED SEP 19, 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1938, to Sept. 18, 1938.

I last saw her alive on Sept. 18, 1938. Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration decompensation	
Other contributory causes of importance: Uremia	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S. Owen Waller, M. D.

(Address) Mercy Hospital

S-1765- F 50363

HEALTH DEPARTMENT—CITY OF BALTIMORE

50363

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

77-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 10-2 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick William Vogel

If U. S. Veteran specify WAR

(a) Residence: No. 923½ Forest Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 3, 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER William Vogel

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Cath. Imhoff

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross R.A. Co. Date Sept 20, 1938

19. UNDERTAKER Rita Wendefeld
(Address) 914 Fremont Ave

20. FILED 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1938 to Sept 19, 1938

I last saw him alive on Sept 19, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia with lead encephalitis.	9-11-38
Other contributory causes of importance:	

Was an operation performed? No, Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Stifler Jr., M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

0364

F 50364

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N Monroe St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph M Junge

(a) Residence: No. 217 N Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Junge

6. DATE OF BIRTH (month, day, year) May 18 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Heinrich A Junge

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Lauffer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Joseph Junge

(Address) 217 N Monroe

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/21 1938

19. UNDERTAKER Engle & Sons

(Address) Fulton & Fayette

20. FILED SEP 19 1938 Huntington Nilkerson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937, 19..., to Sept 16, 1938

I last saw h.m alive on Sept 16 1938. Death is said to have occurred on the date stated above, at 8 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	few hrs
Other contributory causes of importance: Chronic myocarditis & hypotension	5 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A Calas, M. D.

(Address) 4 N. Fulton.

50365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50365

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Hudson St. 15-4 Ward)

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Dan'l Sparo

(a) Residence: No. 2120 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wht	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 10/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Dan'l Sparo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Julia Nocito

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Julia Sparo
(Address) 2120 Hudson

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9/20 1938

19. UNDERTAKER Richard F. Cowley
(Address) 700 E. North ave.

20. FILED 9/20 1938 Huntington Williams, N.J. Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938 to Sept 19, 1938

I last saw h alive on Sept 19, 1938. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenza	4 Days

Other contributory causes of importance

Marasmus	3 Mos
Bed Sore	2 Wks

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Schmidt M. D.

(Address) 1605 N. Rose

50366

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50366

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Wisniewski (34086)

If U. S. Veteran specify WAR

(a) Residence: No. 1927 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 30, 1913

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	2	19	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Bertha Grote

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown, Md. Date Sept 20 1938

19. UNDERTAKER Jack Leary Son
(Address) 1439 E. Balto St

Sept 20 1938 Huntington Williamson, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938 to September 18, 1938
I last saw her alive on September 18, 1938 Death is said to have occurred on the date stated above, at 9:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Jan 1932
Other contributory causes of importance	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

50367

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50367

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 N. Gay St. 7-4 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Marion Searamucci or Skinner (Specify which) No Record

(a) Residence: No. 1042 N. Gay St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Porzia Searamucci

7. DATE OF BIRTH (month, day, year) July 2nd 1866

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	2	16	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

11. Date deceased last worked at this occupation (month and year) X

12. Total time (years) spent in this occupation X

13. BIRTHPLACE (city or town) (State or country) Italy

14. NAME OF FATHER Domattie Searamucci

15. BIRTHPLACE (city or town) (State or country) Italy

16. MAIDEN NAME OF MOTHER Paganstine (Unknown)

17. BIRTHPLACE (city or town) (State or country) Italy

18. INFORMANT Miss Porzia Searamucci

(Address) 1042 N. Gay St

19. BURIAL, CREMATION, OR REMOVAL Place St Vincents Date Sept 20, 38

20. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

21. FILED Sept 20 1938

Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18th 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/1 19 38 to 9/18 19 38; I last saw h... alive on 9/18 19 38; Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia (Coma)	
Chronic interstitial nephritis	1920
Other contributory causes of importance:	
Nausea.	9/15/38
Bronchial pneumonia.	9/15/38

Was an operation performed? — Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allen C. Schwartz, M. D.

(Address) 39 39 N. Calvert

50368

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50368

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4013 Edmondson Ave. St. 20-7 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia C. O'Neill

(a) Residence: No. 4013 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank C. O'Neill

6b. DATE OF BIRTH (month, day, year) ----------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Patrick O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Powell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Isaac S. George
(Address) 406 Bretton Pl. Guilford.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Sept 20 19 3

19. UNDERTAKER Harry A. Mears & Son.
(Address) 805 N. Calvert St.

9 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938 to Sept 17, 1938

I last saw her alive on Sept 17, 1938 Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1937

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Hugo Estowell M. D.

(Address) Catonsville Md.

50369

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50369

CERTIFICATE OF DEATH

16-109 4-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Dorchester Road St. Ashburton Ward)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Mabury Hallowell Mickle

(a) Residence: No. 3809 Dorchester Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Mickle

7. DATE OF BIRTH (month, day, year) Dec. 8, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Henry Nicolai

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Charlotte Turner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary Hambleton
(Address) 3809 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL West Laurel Hill Cemetery
Place Philadelphia, Pa. Date 9/21 1938

19. UNDERTAKER Henry H. Meaton & Son
(Address) 805 N. Calvert St.

Date 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14 1938 to Sept 18 1938

I last saw h[illegible] alive on Sept 18 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Angina Pectoris	
Other contributory causes of importance: Hypostatic Congestion	Sept 18 38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) H. Worthington Wilkins M.D.

(Address) 817 Mercantile Trust Bldg

Via Pennsylvania Railroad Escort - Mrs. R. W. Hambleton

50370 B 50370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. Monument St. Broadway & E. 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 18 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Robert L. Moran

(a) Residence: No. 1514 Light St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 30/1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unfound

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John L Moran

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Louise Dillon

16. BIRTHPLACE (city or town) (State or country) Brunswick Md

17. INFORMANT John R. Moran

(Address) 1514 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 22 1938

19. UNDERTAKER A. Bonaro Fallon

(Address) 1422-24 Eutaw St

Huntington Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1938 to Sept 18, 1938.

I last saw him alive on Sept 18, 1938 Death is said to have occurred on the date stated above, at 11:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead poisoning	
Lead encephalopathy (coma)	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jerome Hartz, M. D.

(Address) Sinai Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

0371 F 50371

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore Gen Hosp. ✓23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-b Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... d.

If U. S. Veteran specify WAR Records

2. FULL NAME Frederick G. Kammer

(a) Residence: No. 2503 Riggs Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Lillian Kammer

7. DATE OF BIRTH (month, day, year) Dec 7 1889

8. AGE: Years ~~58~~ 48 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custom Coat Maker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John R. Kemmer Co

11. Total time (years) spent in this occupation 35

10. Date deceased last worked at this occupation (month and year) 9/15/38

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER John Kemmer

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

15. MAIDEN NAME OF MOTHER Cecelia Reinhardt

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT Beulah A. Kammer

(Address) 2503 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/21 1938

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Sept 18 1938

21. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1938 to Sept 18 1938

I last saw him alive Sept 18 1938. Death is said to have occurred on the date stated above, at 11 35 A.m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis.
Coronary Sclerosis.
Terminal Pneumonia (possibly Influenzal)

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Robert Shea, M. D.

(Address) W. 1st D. H.

0372

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50372

CERTIFICATE OF DEATH

107-a 36357 JS

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp't. St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record.

2. FULL NAME Mary Hart

(a) Residence: No. 2229 W. Madison St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-12-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME James Porsell

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 21st 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED SEP 20 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1938, to September 19, 1938

I last saw her alive on September 12, 1938. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-13-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50373 E 50373

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 9-5 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

If U. S. Veteran specify WAR No Record.

2. FULL NAME Robert Boone

(a) Residence: No. 1134 Homestead St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 8-8-1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	10	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
11. Date deceased last worked at this occupation (month and year) X
Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert W. Boone
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Brooks
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Western Cem. Date Sept 21 1938

19. UNDERTAKER Wellington Booth
(Address) 1417 St Paul

20. Date Received SEP 20 1938 Huntington Wilson Registrar

Kelly

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1937 to 9-18 1938

I last saw him alive on 9-18 1938. Death is said to have occurred on the date stated above, at 5.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	?
Bronchopneumonia	?

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Jos. T. Coyne M. D.
(Address) Balto. City Hosp.

50374

HEALTH DEPARTMENT—CITY OF BALTIMORE

50374

CERTIFICATE OF DEATH

46a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 10-1 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary McLaughlin

(a) Residence: No. 1119 N. Central Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid

6a. If married, widowed, or divorced
HUSBAND (or) WIFE of Joseph P. McLaughlin

7. DATE OF BIRTH (month, day, year) 3 3 1865

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Switzer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles W. Switzer
(Address) 332 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/21 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED 1938 ... Registrar.

SEP 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to Sept. 18, 1938

I last saw h.e alive on Sept. 18, 1938 Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

Stricture of oesophagus - Carcinoma
Carcinomata of Head & pancreas
with Stricture of Jejunal portion
of duodenum.

Date of onset ?

Other contributory causes of importance

Was an operation performed? Yes Date of 7/2/38

For what disease or injury? Stricture of oesophagus

Name of operation gastrostomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) M. P. Cunyt M. D.

(Address) St. Joseph's Hosp.

375

HEALTH DEPARTMENT—CITY OF BALTIMORE

50375

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Gilmore St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriett Morris

(a) Residence: No. 521 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 5-15-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Broom

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Delia

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Jackson (N) (Address) 521 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date Sept. 21 19 37

19. UNDERTAKER Charles D. Cooper (Address) 514 N. Calhoun St.

20. FILED SEP 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1937 to Sept. 19, 1937

I last saw her alive on Sept. 19, 1937 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9-17
Myocarditis	"
Other contributory causes of importance:	

Was an operation performed? Not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Woodley M. D.

(Address) 86 Hanlon St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50376 V 23 F 50376

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Sharp St. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lessie Sutton

(a) Residence: No. 911 Sharp St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Sutton

6. DATE OF BIRTH (month, day, year) May 13, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mack Jonnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mable Sutton

(Address) 911 Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/20/38

19. UNDERTAKER Donald Brown & Son

(Address) 101 W Monument St Huntington Woodcrest, Md.

SEP 20 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described here, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Tuberculosis of Lungs	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

V 56

0377350 35150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50377

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 13-5 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carroll Merson

(a) Residence: No. 3024 Keswick Road, Balto, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 17, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Randolph Merson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lillian Poe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date Sept. 21 1938

19. UNDERTAKER Henry Hauck & Sons Inc.
(Address) 1301 E. Eager St.

20. Huntington Williams, M. D.

SEP 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938, to Sept 18, 1938. I last saw ~~him~~ alive on Sept 18, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulonephritis in Acute Exacerbation, Hypotensive Cardio-Renal Dis.,	Nephritis - approx 15 mos.
Uremia, Myocardial Hypertrophy and Dilatation, Acute Pulmonary Edema,	2 days.
Other contributory causes of importance:	
Oliguria, Arterio & Arteriolosclerosis, Retinal Retinal & Papilloedema, Retinitis.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roger I. D. Scott M. D.

(Address) Johns Hopkins Hospital

SMALL

378 HEALTH DEPARTMENT—CITY OF BALTIMORE E50378

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Donald Small

(a) Residence: No. 410 N Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Small

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Clara Davis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Clara Davis

(Address) 410 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 21 38

19. UNDERTAKER Robert E Williams

(Address) 15-15 McElderry St

20. FILED Huntington Wilderness Station

SEP 20 1938

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 17, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio Pneumonia	Sept 14 1938
Primary	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jorge S. Allen M. D.

Coroner

(Address) 509 Augusta Ave

0379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50379

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospt. 10 Ward) 2

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edith Dodd

(a) Residence: No. 1434 E Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Dodd

6. DATE OF BIRTH (month, day, year) Sept 20-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Butler

14. BIRTHPLACE (city or town) (State or country) Lunenburg Va

MOTHER

15. MAIDEN NAME Carrie Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Stella Crawley

(Address) 616 N Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 20 1938

19. UNDERTAKER Fred W Williams

(Address) 15 Hilton Ave

SEP 20 1938 Huntington Williams Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1938

22. I HEREBY CERTIFY, That I last attended the deceased described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 16 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L Allen M. D.

(Address) 50 Pleasant St

0380 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50380

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esco Alderman

(a) Residence: No. Huntersville, W. Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE~~ of) Ada Alderman

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME William Alderman

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Phoebe Rider

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Huntersville W. Va. Date Sept 20 38

19. UNDERTAKER Harry H. Dotzler
(Address) 401 Edmondson Ave

20. FILED SEP 20 1938 19 Huntington Williamson, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1938, to September 19, 1938

I last saw h[illegible] alive on Sept. 14, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Head of the Pancreas	33 days
Urinary Shut-Down	2 days
Uremia	1 day

Other contributory causes of importance:

Cachexia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) S. E. Beardsley, M. D.

(Address) University Hosp.

50381

HEALTH DEPARTMENT—CITY OF BALTIMORE

50381

CERTIFICATE OF DEATH

√ 137 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 60 yrs St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas W Hagner

If U. S. Veteran specify WAR

(a) Residence: No. 1710- 32nd St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hagner

6. DATE OF BIRTH (month, day, year) 8/3/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	76	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Peter Hagner

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Mrs. Margaret M. Desermais

(Address) 1710 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Sept. 22 1938

19. UNDERTAKER Howard M. Bialt Jr

(Address) 4819 Belair Road

SEP 20 1938 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-3, 1938, to 9-19, 1938

I last saw him alive on 9-19, 1938. Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic hypertrophy	?
Dysfunction Cystitis	?
Cerebral accident	5 days
Bronchial pneumonia	3 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-16; 9-12-38

For what disease or injury? Prostatic hypertrophy

Name of operation Prostatic resection

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) L. J. Bourne M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

50382 50382

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Mosher St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Frances Lyons

(a) Residence: No. 1125 Mosher St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 29, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore

(State or country) Md.

FATHER

13. NAME Louis Lyons

14. BIRTHPLACE (City or town) Newport

(State or country) Ky.

MOTHER

15. MAIDEN NAME Elizabeth Lyons

16. BIRTHPLACE (City or town) Baltimore

(State or country) Md.

17. INFORMANT Louis Lyons

(Address) 1125 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Sept 21 1938

19. UNDERTAKER Leo Schuppe Colored

(Address) 918 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased (Inquest, Autopsy or Inquiry) alive, last at ... and that said deceased came (Inquest, Autopsy or Inquiry) attained by said death on the date stated above at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Syphilis

Malnutrition

Other contributory causes of importance:	Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Stern M. D.

Coroner

(Address) 12 E. Hamilton Ave

V 8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50383

CERTIFICATE OF DEATH

✓ 23 F 50383

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Division St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marjorie F. Myers

If U. S. Veteran specify WAR

(a) Residence: No. 1342 Division St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
20	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King & Queen Co Va

FATHER

13. NAME George Myers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillie V. Holmes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillian Holmes Myers
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pilgrim Cemetery Date 9/21 1938

19. UNDERTAKER J. P. Gaskins
(Address) 579 Monroe St. Baltimore, Md.

20. FILED Sept 20 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1938 to Sept 18 1938

I last saw h. alive on Sept 18 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Weeks
Pulmonary Hemorrhage	9-18-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Charles L. Woodley M. D.

(Address) 861 Hartford Ave

50384

HEALTH DEPARTMENT—CITY OF BALTIMORE

50384

CERTIFICATE OF DEATH

V 82-a SP

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-12 Ward) 49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. McFarland or Macfarlane

If U. S. Veteran specify WAR

(a) Residence: No. no home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/24/1866

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	72	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Catherine O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart Cem. Date 9/20 '38

19. UNDERTAKER John J. Fahey & Sons
(Address) 210 Light St.
Huntington Williamsport, Md.

20. FILED SEP 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/38 . 19

22. I HEREBY CERTIFY, That I attended deceased (from February 3, 1938 to September 16, 1938

I last saw him alive on September 16, 1938. Death is said to have occurred on the date stated above, at 2:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-16-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. A. DeLaudale M. D.

(Address) Baltimore City Hospitals

0385 F 50385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR SAW

2. FULL NAME Benjamin Meyers

(a) Residence: No. 5 N. Exeter St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Hettche Meyers

6. DATE OF BIRTH (month, day, year) Feb. 7, 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER
13. NAME Louis Meyers
14. BIRTHPLACE (city or town) Bremenhaufen,
(State or country) Va.

MOTHER
15. MAIDEN NAME Madi Slass
16. BIRTHPLACE (city or town) Bremenhaufen,
(State or country) Va.

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date 9-21- 1938

19. UNDERTAKER Robert Burch & Son
(Address) Calhoun & Fayette sts

20. FILED SEP 20 1938 Huntington Mills, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18 1938

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1938, to September 18, 1938
I last saw him alive on September 18, 1938. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, mitral insufficiency	1935
Cardiac disease, hypertrophy	1935
Cardiac disease, dilatation	terminal
Pneumonia, lobular	terminal

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. M. N. a dress, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

HW/g

0386

HEALTH DEPARTMENT—CITY OF BALTIMORE

50386

CERTIFICATE OF DEATH

V 57-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland L. Tankersley

If U. S. Veteran specify WAR

(a) Residence: No. 2736 Lake Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie L. Tankersley

6. DATE OF BIRTH (month, day, year) Mar 8 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Tom Tankersley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bessie L. Tankersley

(Address) 1010 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 9-21- 1938

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED Huntington Williams, M.D.

SEP 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 8/17/38, 19, to 9/18/38, 19

I last saw him alive on 9/18/38, 19. Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder c	
Metastasis To Lungs + Abdomen	8/17/38

Other contributory causes of importance:

Myocarditis Primary

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Johnston M. D.

(Address) Maryland general hospital

F 50387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50387

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1906 Madison ave St. 14-3 Ward)
Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Alice E Chambers
(a) Residence: No. 1906 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geiger

6. DATE OF BIRTH (month, day, year) Aug 20 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D. C.
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Dr. Alice Chambers
(Address) 1906 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 20 38

19. UNDERTAKER Mrs. George N. Harrod
(Address) 1631 Eutaw Place Ave

20. FILED Sept 21 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17/38

22. I HEREBY CERTIFY, That I attended deceased from 9/12/38 to 9/17/38
I last saw h-1 alive on 9/17/38 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Apoplexy	
Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) B. W. Rhett M. D.
(Address) 213 E. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50388

CERTIFICATE OF DEATH

93-e

F 50388

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Frederick Ave. St., 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Steinacker.

(a) Residence: No. 2911 Frederick Ave. St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63.	8.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loan Office
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Steinacker
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Martha Holmes
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Miss. L. V. Steinacker
(Address) 2911 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 20-38

19. UNDERTAKER E. E. Wisbert & Son
(Address) 1500 EUTAW PLACE

SEP 20 1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct-26. 1937. to Sept-17. 1938.
I last saw h— alive on Sept-14. 1938. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date abscess
Coronary Embolism	9/7/38

Other contributory causes of importance:
Myocarditis
Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Schamberger M.D.
(Address) 721 Mercantile Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50389

CERTIFICATE OF DEATH

107-4 F 50389

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Long St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie White

If U. S. Veteran specify WAR

(a) Residence: No. 825 Long St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie White

6. DATE OF BIRTH (month, day, year) Feb 14, 87

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tasley, Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sara Palmer

16. BIRTHPLACE (city or town) (State or country) Tasley Va.

17. INFORMANT Lennie Baily

(Address) 1603 Annin St Phila, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Tasley, Va. Date Sept 22, 1938

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 327 Lehowder St ... Baltimore, Md.

20. FILED ... 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 to Sept 18, 1938

I last saw ... alive on Sept 18, 1938 Death is said to have occurred on the date stated above, at 9:45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Aug 1
	1938

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. Tasley Boyd M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50390 F 50390

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 W Mulberry St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Brooks Ferguson

If U. S. Veteran specify WAR

(a) Residence: No. 935 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

5a. If married, widowed, or ~~divorced~~ HUSBAND ~~of~~ (or) WIFE of Randolph Ferguson

6. DATE OF BIRTH (month, day, year) August 9, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Brooks

14. BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

MOTHER

15. MAIDEN NAME Alice Salton

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Mary Ferguson

(Address) 935 W Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 23, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED Sept 24 1938 Huntington Registrar, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938 to Sept. 19, 1938

I last saw h alive on Sept. 17, 1938 Death is said to have occurred on the date stated above, at 7:10 A. m.

The principal cause of death and related causes of importance were as follows:

Uremia sclerosis — Date of onset

Mitral Insuff.

Other contributory causes of importance:

myocardial degeneration

Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Walter Slaughter M. D.

(Address) 201 N Carey St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50391

CERTIFICATE OF DEATH

449 F 50391

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital No 3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allen C. White

If U. S. Veteran specify WAR

(a) Residence: No. 1065 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dover N. C.

FATHER

13. NAME George Washington White

14. BIRTHPLACE (city or town) (State or country) Dover N. C.

MOTHER

15. MAIDEN NAME Roberta Jones

16. BIRTHPLACE (city or town) (State or country) Dover N. C.

17. INFORMANT Mrs. Ida Villard

(Address) 1065 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Sept 23, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St Baltimore, Md

SEP 20 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-38

22. I HEREBY CERTIFY, That I attended deceased from 9-13-38, to 9-19-38

I last saw h alive on 9-19-38. Death is said to have occurred on the date stated above, at 12 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pneumonic fever	9-13-38
Other contributory causes of importance: Chronic nephritis, Orchitis	Unk.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James E. Carr, M. D.

(Address) 515 N Monroe St

Mechau

0392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50392

131

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Lyndale Ave 8-1 Ward)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustav Mechau

If U. S. Veteran specify WAR

(a) Residence: No. 3200 Lyndale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mechau

6. DATE OF BIRTH (month, day, year) May 3, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 30

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Christian Mechau

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Katherine Kulp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm Mechau
(Address) 3200 Lyndale Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 22-38

19. UNDERTAKER Wm Pickup Sons
(Address) York & Pa Ave.

20. FILED SEP 20 1938 Registrar. Winston Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 18 1938 to Sept 18 1938

I last saw he alive on Sept 18 1938 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Uncertain
Other contributory causes of importance:	
Unknown	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jno. Gerard Leader M. D.

(Address) 1900 Maryland Ave

E 50393

50393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1722 Clarkson St. (23-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Jessie E. Lynch
(a) Residence: No. 1722 Clarkson St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephen Lynch

6. DATE OF BIRTH (month, day, year) Aug 14 1876

7. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME John Knafft
14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER
15. MAIDEN NAME Elvira Crane
16. BIRTHPLACE (city or town) (State or country) Erie Pa.

17. INFORMANT Miss Ruth Clayton
(Address) #1722 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL Cemetery Sept 22 1938
Place Cedar Hill. Sept 22

19. UNDERTAKER Margaret A. Lehman
(Address) 1420 Light St

20. FILED Sept 20 1938 Huntington W. Willis, Registrar

© 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1938 to Sept. 19 1938
I last saw HER alive on Sept. 19 1938 Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Indefinite)	
Other contributory causes of importance: Diabetic Coma	9/19/38

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state? .....

9/19/38 (Signed) H. E. Landell M.D.
(Address) 1644 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

50394

CERTIFICATE OF DEATH

23 F 50394

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-11 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME (MARCELLO) Marcellus Brune (36618)

If U. S. Veteran specify WAR

(a) Residence: No. 3390 Schuck St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 5, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Beatin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN Date SEPT. 21 1938

19. UNDERTAKER Fully & Zeiler Inc.
(Address) 403 S. WOLFE ST.

SEP 20 1938 Huntington Township, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1938 to September 18, 1938

I last saw him alive on September 18, 1938. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Feb. 1938
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, state

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

50395 MAJORS ✓ F 50395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St., N-6 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward Thomas majors

(a) Residence: No. 2161 Clinton st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruthia Majors

6. DATE OF BIRTH (month, day, year) Aug 7 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME H. E. Majors

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Concannon

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT H. J. Majors
(Address) 2161 Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Date Sept 21 1938

19. UNDERTAKER Selby & Sellers
(Address) 1313 Fulton Ave Baltimore, Md.

Registrar.

0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Sept 14 38
Other contributory causes of importance: Mitral Stenosis	2

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F Evans, M. D.
Coroner

(Address) Coroner

V S 6

50396

E 50396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Norton Stricker

[ ] U. S. Veteran (specify WAR)

(a) Residence: No. 418 Bennington Rd St. res City Line Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md.

FATHER

13. NAME Wm. Joseph Stricker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eleanor Norton

16. BIRTHPLACE (city or town) (State or country) Glyndon Md.

17. INFORMANT Lorine Stricker

(Address) 418 Bennington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 22nd 1938

19. UNDERTAKER William Coombs

(Address) 1217 St Paul Street

Huntington Williams, Registrar

20. FILED 0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D.
Coroner

(Address) Towson

50397 E 50397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Seets

(a) Residence: No. 2618 N. Mt. Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Arabelle Seets

6. DATE OF BIRTH (month, day, year) Aug 9 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Helper Balto Transit Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME (Unknown) Seets

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank J Ament
(Address) 2618 Mt Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept 23 38

19. UNDERTAKER William Cook
(Address) 1217 E Paul Street

20. FILED Sept 23 1938 Huntington Williams, Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1938 to Sept 19, 1938

I last saw h... alive on Sept 19, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	
Nephritis	
Cerebral Hemorrhage	9/16/38
Other contributory causes of importance:	
Myocardial Degeneration	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. A. Todd, M. D.

(Address) Mercy Hospital

50398 HEALTH DEPARTMENT—CITY OF BALTIMORE E 50398

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Benhill ave St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Valentine Golombowske

If U. S. Veteran specify WAR

(a) Residence: No. 628 Benhill ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Golombowski

6. DATE OF BIRTH (month, day, year) Dec 29, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Martin Golombowski

(Address) 628 Benhill ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cmtry Date 9-21-38

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E Lafayette Ave.

Huntington Williams, Nyc

ISSUED SEP 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1938 to Sept. 17 1938

I last saw him alive on Sept. 16 1938 Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	1937
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William D. Scott M. D.

(Address) 4815 Pennington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50399

CERTIFICATE OF DEATH

F 50399

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 E. Barney St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Magdalena Mollie Welelska a Wileska

If U. S. Veteran specify WAR

(a) Residence: No. 510 E. Barney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 29 "68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Otto Wilhelm
(Address) 510 E. Barney st.

18. BURIAL, CREMATION, OR REMOVAL
Holy Rosary Cem. Date Sept. 21 1938

19. UNDERTAKER Stephen J. Galkowski
(Address) 1000 N. Kenwood Ave.

20. FILED Huntington Williams, Nyk
Registrar.

SEP 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938, to Sept 18, 1938

I last saw her alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 6.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Arrest Uremia	Sept 18 38
Other contributory causes of importance: Senile Myocarditis	9 38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Gaul Lee M. D.

(Address) 1 E. Mulberry St

50400

HEALTH DEPARTMENT—CITY OF BALTIMORE

50400

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Lehigh Av St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Ruth

If U. S. Veteran specify WAR

(a) Residence: No. 911 Lehigh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary McGinn Ruth

6. DATE OF BIRTH (month, day, year) July 30, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Corn Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Ruth

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Purser

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs L. Willinger
(Address) 416 N. Linwood Av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 19

19. UNDERTAKER Frank V. Piketone
(Address) 2418 E. Balto St

20. FILED 19 Registrar.

20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1938

22. I HEREBY CERTIFY, That I attended deceased from August 30 1938 to September 8 1938

I last saw him alive on Sept 6 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia following Cerebral Infarction	?
Other contributory causes of importance:	
Chronic myocarditis	1932 ?
Senile Uremia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allen L. Schaub M. D.

(Address) 29 E Fayette St

50401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50401

CERTIFICATE OF DEATH

4 6 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Lake View ave St. 13-1 Ward)

Length of residence in city or town where death occurred 45 yrs. 5 mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman Mankowitz

(a) Residence: No. 2411 Lake View ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Anna

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Mankowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul D. Valenstein
(Address) 2411 Lake View ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Hearing Run Date Sept 21, 1938

19. UNDERTAKER Sol Levinson & Bro
(Address) 1124-26 W Baltimore ave

20. FILED Sept 19, 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Sept 19, 1938

I last saw him alive on Sept 19, 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation Physical

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. H. Hornstein, M. D.

(Address) 733 Eutaw St

50402 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50402

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N. Collington Ave. Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Schneider

(a) Residence: No. 607 N. Collington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Moritz Schneider

6. DATE OF BIRTH (month, day, year) Feby. 11, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Samuel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca ----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. M. Schneider, 607 N. Collington Ave.

18. BURIAL, CREMATION, REMOVAL

Place Heb. Friendship Date Sept. 21, 19 38

19. UNDERTAKER (Address) David Sonderman & Son 1902 Eutaw Place.

20. FILED Sept 20 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 19 33 to September 19 38

I last saw her alive on September 19 38 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset Sept 12, 38

Arteriosclerosis — 7 yrs

Other contributory causes of importance:

Carbuncle on back — 1 week

Hypertension — 2 yrs

Was an operation performed? ---- Date of ----

For what disease or injury?

Name of operation ----

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ---- Date of injury ---- 19 ----

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Esther C. Schwartz M. D.

(Address) 2900 McElderry St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50403

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sherman Pendleton

If U. S. Veteran specify WAR .....

(a) Residence: No. 554 Wilson St, Balto, Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 28, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Pendleton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Haley Lewis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Sept. 21 1938

UNDERTAKER Francis A. Henley

SEP 21 1938 571 N. Broadway

19. FILED Huntington Millwood, N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1938, to Sept 17, 1938

I last saw him alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Aortitis	?
Cardiac hypertrophy and	?
insufficiency ?	Sept 37
Aortic insufficiency & stenosis	?

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) Fremont Billings M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(40)1

CERTIFICATE OF DEATH

X 13 F 50401

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. ✓ Registered No.

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Donald McMahon

If U. S. Veteran specify WAR

(a) Residence: No. 7415 8th Ave. St., ... Ward. Los Angeles, Calif.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna May McMahon

6. DATE OF BIRTH (month, day, year) Nov. 6, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit, Michigan

FATHER

13. NAME John J. McMahon

14. BIRTHPLACE (city or town) (State or country) Detroit, Michigan

MOTHER

15. MAIDEN NAME Martha Spears

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Date Sept. 21 1938

19. UNDERTAKER E. Leroy Stuffle, Inc. (Address) 1252 Hartford Ave.

20. FILED SEP 21 1938 Huntington Hilyard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1938 to September 17, 1938

I last saw him alive on September 17, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	1935
(nephrosclerosis, severe)	
Cardiac dilatation terminal	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. M. H. Anderson. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLM/6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50405

CERTIFICATE OF DEATH

F 50405

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wood St Stayshead Ave St., 17th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles L Baldon

If U. S. Veteran specify WAR .....

(a) Residence: No. 2539 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widower

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Emma Baldon

6. DATE OF BIRTH (month, day, year) 3-4-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	7 6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Proctor

(Address) 2539 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 21 '38

19. UNDERTAKER Mrs. George W. Holland

(Address) 1631 Druid Hill Ave

Huntington Williams Inc

SEP 21 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938 to Sept 19, 1938

I last saw h... alive on Sept 19, 1938. Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
myocarditis	
Other contributory causes of importance:	
cystitis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. Walter Sheyton, M. D.

(Address) 201 N Carey St.

S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50406 V 46-2 F 50406

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 16-4 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR SAW

2. FULL NAME Charles H. Stanley

(a) Residence: No. 2006 W. Lanvale St., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Lillian A. Ober Stanley

6. DATE OF BIRTH (month, day, year) June 21, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James T. Stanley

14. BIRTHPLACE (city or town) (State or country) Phila., Pa.

MOTHER

15. MAIDEN NAME Elizabeth D. Rose

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Records- U.S. Marine Hospital
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date 9/23, 1938

19. UNDERTAKER Harry H. Wiltshe
(Address) 4103 Edmondson Ave

FILED SEP 21 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to September 20, 1938

I last saw him alive on September 20 1938. Death is said to have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of large bowel, hepatic flexure	1935
Obstruction, intestinal, cause carcinoma	7-13-38
Other contributory causes of importance:	

Was an operation performed? yes Date of 7-13-38

For what disease or injury? Operations: Laparotomy, expl., appendectomy, blood transfusion

Name of operation disease: Carcinoma

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. M. H. a Deceased, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

LTF/g

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50407 CERTIFICATE OF DEATH ✓ 95-B F 50407

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ex Bon Union Hospital 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel M. Hicks

If U. S. Veteran specify WAR

(a) Residence: No. 741 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69?	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

FATHER

13. NAME William T. Hicks

14. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

MOTHER

15. MAIDEN NAME Josephine Willett

16. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

17. INFORMANT Minnie A Lucas

(Address) 2644 Wilkens ave. Baltimore.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Waldorf, Md. Date 9/22 1938

19. UNDERTAKER Hunt & Ryon

(Address) Waldorf, Md.

Huntington Prince George's, Md.

SEP 21 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said injury inquiry find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 hr
Other contributory causes of importance: Ch. Cardio-Vascular Disease	2 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Hrame M. D. Coroner

(Address) 7360 Cedarplain

V 86

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50408

CERTIFICATE OF DEATH

93-F 50408

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Covington St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William H. Vogelman

(a) Residence: No. 1415 Covington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 30, 1883

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bottler Globe Brew.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Vogelman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Nash

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ed. Vogelman

(Address) 1415 Covington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Sept. 21, 1938

19. UNDERTAKER L. Howard Storey

(Address) 715 Light St.

SEP 21 1938

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Miller M. D.

Coroner

(Address) 27 S Howard

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50409

CERTIFICATE OF DEATH

V 92-cF 50409

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Appleton St., 16-4 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Lawrence

(a) Residence: No. 606 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie E. Lawrence

6. DATE OF BIRTH (month, day, year) June 6, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.S.Cahill Co.

10. Date deceased last worked at this occupation (month and year) about 12 Yrs. Ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard T. Lawrence

14. BIRTHPLACE (city or town) (State or country) Bristol, England

MOTHER

15. MAIDEN NAME Elizabeth Stallings

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT Mrs. Carrie E. Lawrance
(Address) 606 N. Appleton St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Sept. 21 1938

19. UNDERTAKER Howard Young
(Address) 715 Light St.,

20. FILED SEP 21 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from September, 1927, to September, 1938.
I last saw him alive on August 31st, 1938. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Chronic Myocarditis	1 year
b.	
c.	
d.	

Other contributory causes of importance: Chronic Pneumonitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. D. Gamrad, M. D.

(Address) 1927 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50410 #36372 27-B F 50410

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Hawkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1340 Preastman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 10/15/~~1897~~ 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~56~~ 40 ~~58~~	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Henry Brown

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Victoria Campbell

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem. Date 9/21 38

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Preastman St

20. FILED SEP 21 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/38

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1938 to 9-19, 1938

I last saw her alive on 9-19, 1938. Death is said to have occurred on the date stated above, at 10:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous arthritis Knee	6 mo?
Other contributory causes of importance:	

Was an operation performed? yes Date of 8-30-38

For what disease or injury? Tuberculous arthritis

Name of operation Biopsy of joint

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. L. Bourne, M. D.

(Address) Balto. City Hosp.

BURALL

50411

HEALTH DEPARTMENT—CITY OF BALTIMORE

50411

CERTIFICATE OF DEATH

V 25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie J. Burall

If U. S. Veteran specify WAR .....

(a) Residence: No. 2215 Roslyn ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 16, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lecturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fred. Co. Md

FATHER

13. NAME Oliver T. Burall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie E. Geary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helen M. Burall
(Address) 2215 Roslyn ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept. 21 1938

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1900 Eutaw Place

20. Huntington Williams, M. D.
(Registrar)

SEP 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1938 to Sept. 14, 1938

I last saw he alive on Sept. 14, 1938. Death is said to have occurred on the date stated above, at 12:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculoma of Jejunum	2 yrs
Mesenteric Chylous Ascites	1 mo

Other contributory causes of importance:

Arteriosclerotic Cardiovascular Disease	

Was an operation performed? Yes Date of Sept. 15, 1938

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy, Freeing Adhesions

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. E. Bradley M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50412

CERTIFICATE OF DEATH

V 93-C

F 50412

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 11 Wheeler Ave St. 7-0-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Imay Bosley

If U. S. Veteran specify WAR

(a) Residence: No. 9 Wheeler Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Burr. Bosley

6. DATE OF BIRTH (month, day, year) May 25-1886

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	52	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grafton W. Virginia

FATHER

13. NAME Columbus Keaver

14. BIRTHPLACE (city or town) (State or country) Grafton West Virginia

MOTHER

15. MAIDEN NAME Sarah V. Adams

16. BIRTHPLACE (city or town) (State or country) Grafton, West Virginia

17. INFORMANT Mrs. Burr. Bosley
(Address) 9 Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 20. 1938

19. UNDERTAKER Marie Cook Eyfer
(Address) 618 W. North Ave.

20. FILED SEP 21 1938 H. Leighton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1937 to Sept 20. 1938.

I last saw her alive on Sept 20. 1938. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterial hypertension	1936
myocarditis	
cardiac insufficiency	9/7/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Kemp M. D.

(Address) 303 Edmondson Ave

50413 Md. D. Bu. 1268-B

F 50413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 E. Fort Ave. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Spencer

(a) Residence: No. 719 E. Fort Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25th 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph L. Spencer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Agnes W. Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Spencer
(Address) 719 Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 21st 1938

19. UNDERTAKER Leo B. Legore
(Address) 1703 N. Patterson Park Ave

FILED SEP 21 1938 H. Arrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1938, to Sept 20, 1938.

I last saw him alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	9-8-38

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Pollock, M. D.

(Address) 707 E. Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50414

CERTIFICATE OF DEATH

F 50414

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4508 Schenley Road St., 27-14 Ward)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm. M. Portner

If U. S. Veteran — specify WAR

(a) Residence: No. 4508 Schenley Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Jane Portner

6. DATE OF BIRTH (month, day, year) Jan 16-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rosedale Pennsylvania

FATHER

13. NAME Louis A. Portner

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Veranda Miller

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Claude Earl Portner
(Address) 758 Schenley Road

18. BURIAL, CREMATION, OR REMOVAL
St Paul's Arcadia, Md. Date Feb. 22 1938

19. UNDERTAKER Horace F. Burger
(Address) 2623 Folls Road

20. FILED FEB 21 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1934 to Sept - 19 1938

I last saw him alive on Sept - 19 1938 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Uterine Cancer Heart Failure	1934
Chronic Bronchitis	1934
Emphysema	1934

Other contributory causes of importance

Sudden Heart Failure	Sept 19 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 4822 Roland Ave

50415

HEALTH DEPARTMENT—CITY OF BALTIMORE

50415

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Siggs

(a) Residence: No. 839 Kelly Court St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 8 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME — Siggs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen —

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 21 1938

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED 9 21 1938 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Personal Knowledge or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Respiratory Collapse	6 hrs
Pneumonia	1 week
Other contributory causes of importance: Acute Fulminating Dysentery	12 hrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Shipman M. D.

(Address) 3860 Eastern Place Coroner

1996

50416 ✓ F 50416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N Schroeder St. 18-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie B. Wright

If U.S. Veteran specify WAR ...

(a) Residence: No. 524 N Schroeder St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James R

6. DATE OF BIRTH (month, day, year) July 9, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME John Thompson

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Martha Shilly

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT James R Wright (Address) 524 N Schroeder

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lem Cem. Date Sept 22, 1938

19. UNDERTAKER Mrs. Geo H. Holland (Address) 631 W Fayette

FILED Sept 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938 to Sept 20, 1938

I last saw h[illegible] alive on Sept 20, 1938. Death is said to have occurred on the date stated above, at 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	9/5/38
Other contributory causes of importance:	
none	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) George McDonald M. D.

(Address) 544 N Carey St.

14

50417 ✓ F 50417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 26-12 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR)

2. FULL NAME Frank Leroy Stanley

(a) Residence: No. Bethlehem Av. Edgemere St., Ward.
(Usual place of abode) Balto. Co. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Edith Stanley

6. DATE OF BIRTH (month, day, year) March 24, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1938

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Cape Verde Is.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Edith Stanley
(Address) Bethlehem & Balto. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Sept. 3, 1938

19. UNDERTAKER Thos. Geo. H. Leland
(Address) 1631 Druid Hill Ave.

20. FILED Sept 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage thrombosis	July 31
Syph. brain infected Poison Ivy	7 days
Palmar hand disease	6 years

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

1938

V 86

F 50418

30418

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4905 Frederick Ave St., 25-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia D. Brummel

(a) Residence: No. 4905 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Brummel

6. DATE OF BIRTH (month, day, year) Sept 12-1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Chas. Vogell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Elsie Brummel 4905 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 23 1938

19. UNDERTAKER (Address) William Cook 217 N Paul St

20. FILED ... 19... Registrar.

SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1938 to Sept 21 1938

I last saw h. alive on Sept 21 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indefinite
Hypertension	
Chr. nephritis	
Other contributory causes of importance: cerebral hemorrhage	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Kyger M. D.

(Address) 3321 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

50419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50419

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 4-2-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Day

If U. S. Veteran specify WAR .....

(a) Residence: No. St. Mary's County St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's County Md.

FATHER

13. NAME Wm. Francis Day

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Florence Chase

16. BIRTHPLACE (city or town) (State or country) St Mary's County Md

17. INFORMANT Public Health Nurse - Mrs. Hanna

(Address) St Mary's County Health Dept

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 21 1938

Commissioner of Health

19. UNDERTAKER For H. A. Moore

(Address)

20. FILED Huntington Maryland Registrar.

1938 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1938 to Sept. 15, 1938

I last saw her alive on Sept. 15, 1938 Death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus, dehydration, malnutrition	

Other contributory causes of importance:

Parenteral Diarrhea
Congenital Syphilis (?)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) N. Hagan M. D.

(Address) Univ. Hosp.

50420 E 50420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 N. Charles Street St., 12-1 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Lola A Stoneburner

(a) Residence: No. 3700 N. Charles Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Austin C. Stoneburner

6. DATE OF BIRTH (month, day, year): Dec 6, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	8 9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington. D. C.

FATHER

13. NAME: Baruch W. Hall

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: R. Miller Arnold
(Address) 3610 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 9-22-38 19

19. UNDERTAKER: John O. Mitchell & Sons Inc
(Address) 1900 Eutaw Place

20. FILED 9-22 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-1 . 1938 to 9-19 . 1938

I last saw her alive on 9-19 . 1938. Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	3-1-38
Other contributory causes of importance:	
BRIGHTS DISEASE NEPHRITIS	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 1129 St. Paul St.

Yes 1 1938

H

M. D. B 1265-9

✓ F 50421

50421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9f-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 30 N. Linwood Ave. St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie E. Rau

If U. S. Veteran specify WAR

(a) Residence: No. 30 N. Linwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of Frederick J. Rau
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 18-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Wm. H. Miller

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Sarah E. Reese

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Frederick J. Rau

(Address) 30 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Sept. 22/38

19. UNDERTAKER Geo. E. Miller

(Address) 2304 Jefferson St.

20. FILED Sept 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day dated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
0	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler, M. D.

Coroner

(Address) Coron

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 50422

50422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 728 E. Fort Ave 24 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma C. Stoll

(a) Residence: No. 728 E. Fort Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Jacob Stoll

6. DATE OF BIRTH (month, day, year) July 2d 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Richard Westervelt

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Mary McCaffery

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Jacob Stoll

(Address) 728 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 23d 1938

19. UNDERTAKER Wm Cook

(Address) 27 St. Paul St

20. Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938, to Sept. 20, 1938.

I last saw her alive on Sept. 19, 1938. Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Cerebral Hemorrhage	July 16

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Stoll M. D.

(Address) 707 E. Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50423

50423

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 4013 Bellwood Ave 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas A. Bingley

If U. S. Veteran, specify WAR ... Record

(a) Residence: No. 4013 Bellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Mary E. Bingley

6. DATE OF BIRTH (month, day, year) Mar 4th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	6	6 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linotype Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News Post 106

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Chas. V. Bingley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ella Anderson

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT C. Mc Bingley

(Address) 3623 Granite Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9/22-38

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19th, 1938

22. I HEREBY CERTIFY, That I attended deceased (from) Sept 13, 1938, to Sept 19, 1938

I last saw him alive on Sept 19, 1938. Death is said to have occurred on the date stated above, at 4:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	
Uremia	9-17-38
Other contributory causes of importance:	

Was an operation performed? (No) Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hubert Schoenfeld, M. D.

(Address) 5402 Roland Ave

VS 2

50421 F 50424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Marcy Hospital St., 16-5 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles H. Laupheimer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2305 Arunda Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sadie Laupheimer

6. DATE OF BIRTH (month, day, year) Jan 20, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Goods Kahn's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME David Laupheimer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E. Luther

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles H Laupheimer
(Address) 2621 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL Leudal Park Date Sept 23 38

19. UNDERTAKER Wm Cook
(Address) 121 St Paul Street

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Sept 21, 1938.

I last saw him alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 8 55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Heart block with Adams-Stokes syndrome	?
Diabetes mellitus	
Other contributory causes of importance	
Diabetic acidosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W B. Cutwell M. D.

(Address) Mercy Hospital

WB 1938

✓ F 50425

F 50425 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Keelto. City Hospitals - 92a CC

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred, Edman

If U. S. Vet specify War No Record

(a) Residence: No. 715 E. Bond St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seakeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Pete Edmain

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Patient at Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore County Date Sept 23 38

19. UNDERTAKER Wm. Cook & Son

(Address) 1221 St. Paul Street

20. FILED Sept 21 1938 Huntington Hilliard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I last (Since) saw the deceased alive on Sept 20 1938 and that death occurred (Hour) on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	4 years
Sept. Pleura effusion	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 171 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V 6 6

50426 HEALTH DEPARTMENT—CITY OF BALTIMORE 50426

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John R Urban

If U. S. Veteran, specify WAR Civil War Record

(a) Residence: No. 2528 W Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice Urban

6. DATE OF BIRTH (month, day, year) Dec 25th 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60 (38)	28	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) 9/38

11. Total time (years) spent in this occupation 1/2 yr

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Edward Urban

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Catherine Urban

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Alice D. Urban
(Address) 2528 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Sept 22nd 1938

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 20 1938

22. I HEREBY CERTIFY, That I attended deceased from 9 2 1938 to 9 20 1938

I last saw him alive on 9 20 1938. Death is said to have occurred on the date stated above, at 12 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	9-2-38
Other contributory causes of importance:	
Lobar pneumonia	9-9-38

Was an operation performed? Yes Date of 9-2-38

For what disease or injury? Acute Pancreatitis

Name of operation Drainage of gall bladder & lesser peritoneal cavity

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Bolgar M. D.

(Address) 1 W Read St.

Sept 21 1938

50427 ✓ E 50427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Washburn Ave. St. 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Karl R. Long

If U. S. Veteran specify WAR

(a) Residence: No. 410 Washburn Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth D. Long

6. DATE OF BIRTH (month, day, year) July 25, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Safe Deposit & Trust Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry A. Long

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Stone

16. BIRTHPLACE (city or town) (State or country) Johnstown, Md.

17. INFORMANT Mrs. Ruth D. Long (Wife)
(Address) 410 Washburn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Sept. 22, 38

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 S. Charles St.

20. Filed Sept 22 1938 Wilmot, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Sept 20, 1938

I last saw him alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Viridans Septicaemia	May 1938
Other contributory causes of importance: Mitral Stenosis & Myocardial Insufficiency	?

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Lawrence A. Lewis, M. D.

(Address) 1009 Annapolis Blvd

OCCUPATION is very important. See instructions on back of certificate.

VS 8

50428

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50428

CERTIFICATE OF DEATH

1. PLACE OF DEATH (Am. Agricultural Chem. Co.

CITY OF BALTIMORE: (No. 2224 E. Highland Ave St., 2nd Ward)

Registered No. 877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Shipley

(a) Residence: No. 2624 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Fannie T. Shipley

6. DATE OF BIRTH (month, day, year) Feb. 16 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer Mill

10. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Elmer A. Shipley

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

15. MAIDEN NAME Sarah Crouse

16. BIRTHPLACE (city or town) (State or country) Ellis, Co. Pa.

17. INFORMANT Mrs. Clarence M. Shipley

(Address) 2624 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 23rd 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St.

20. FILED SEP 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	11 days
Other contributory causes of importance: Chronic Myocarditis	5 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 111 N. Howard St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 50429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50429

CERTIFICATE OF DEATH

V 213F

Registered No. 24754

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Russell G. Baker

(a) Residence: No. S/S Hanekau Pier 8 Port Covington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Hanekau

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

MOTHER FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMANT Capt. Carl N. Olsen

(Address) S/S Hanekau

18. BURIAL, CREMATION, OR REMOVAL Buried at Sea Date 9-22 1938

19. UNDERTAKER Bernard E Harle

(Address) 121 E 22nd St

20. FILED SEP 23 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull	
Accidental fall from gangway	
of S/S Hanekau to pier 8	
Port Covington.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquest Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/6 1938

Where did injury occur? Port Covington Pier 8 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fall from gangway

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify. ...

(Signed) Otto H. Reinhardt, M. D.

9/19/38 (Address) 1617 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

SEE OVER

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

F 50430 ✓131 F 50430

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2751 Rayner ave St., 6-6 Ward)

Length of residence in city or town where death occurred yrs. Life mos. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Elizabeth Freeman

(a) Residence: No. 2751 Rayner ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Chas W. Freeman

6. DATE OF BIRTH (month, day, year) 1850?

7. AGE: Years 87? | Months | Days | If LESS than 1 day... hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Lint

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Butler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT E J Freeman

(Address) 613 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Date Sept 24 1938

19. UNDERTAKER Henry W. Lenhart & Sons

(Address) McCulloh & Pennsylvania Ave

SEP 22 1938 19

20. FILED Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1937, to Sept 21, 1938.

I last saw h alive on Sept 20 1938; death is said to have occurred on the date stated above, at 6.00 am.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Chronic myocardial and Endocardial disease (Mitral Regurg)

Date of onset

Other contributory causes of importance:

Chronic nephritis.

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. Michel, M. D.

(Address) 2901 Edmondson ave

50131 HEALTH DEPARTMENT—CITY OF BALTIMORE 50131

CERTIFICATE OF DEATH

9+D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Atwood Anthony

(a) Residence: No. 1636 Darley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna C. Anthony

6. DATE OF BIRTH (month, day, year) March 13th. 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. post

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Christopher Anthony

14. BIRTHPLACE (city or town) Unknown
(State or country) New York

MOTHER

15. MAIDEN NAME Lucy White

16. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

17. INFORMANT Mrs Anna C. Anthony
(Address) 1636 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept. 24, 38

19. UNDERTAKER Frederick Loudon & Son
(Address) 7401 Belair Road,

20. FILED SEP 22 1938 Huntington Williams, M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20th. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Surgeon (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Surgeon (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenck M. D.
Coroner

(Address)

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50432 — CERTIFICATE OF DEATH — 84-82 F 50432

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Josefsine Kubowitz

(a) Residence: No. 909 N Calhoun St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) July 28-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME John Shubert

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Clara Rossman

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mt. Hope Retreat Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pisgah Cem Date Sept 22 19 38

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED SEP 22 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1934 to 9/21, 38

I last saw her alive on 9/21, 1938 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	21 yrs.
Other contributory causes of importance: Rt Cerebral Thrombosis and Left sided hemiplegia	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Duncan C. Aberg M. D.

(Address) 23 E Biddle St

OCCUPATION is very important. See instructions on back of certificate.

Sr. wife - North Carolina

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50433 — CERTIFICATE OF DEATH — 93-C — F 50433

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-18 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME William Long

(a) Residence: No. 3220 Woodland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Long

6. DATE OF BIRTH (month, day, year) Feb 9, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 56		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ryan Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Frank Long

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Fannie Long

(Address) 3220 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL

London Park Date Sept 24. 1938

19. UNDERTAKER Thompson

(Address) 3415-17 Eastern Ave Huntington Palisade, Md

FILED SEP 22 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Wolfe M. D.

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

Wm F Montour

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50434 — CERTIFICATE OF DEATH — F 50434

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Paine St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F Montour

If U. S. Veteran specify WAR

(a) Residence: No. 3301 Paine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Montour

6. DATE OF BIRTH (month, day, year) June 15 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. G. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ralph Montour

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sarah Harry

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Wm F Montour

(Address) 3301 Paine St

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Sept 23 1938

19. UNDERTAKER Thenoudebon

(Address) 36 W Preston Ave.

20. FILED ... 19 ... Registrar

SEP 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Sept 20 38

Other contributory causes of importance:

Was an operation performed? / Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D. Coroner

(Address) 612 N Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

F 50435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50435

CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3914 W. Garrison Ave Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret C. Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 3914 W Garrison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Bailey

6. DATE OF BIRTH (month, day, year) June 18 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dennis Roche

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kelleher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mildred Grey

(Address) 3914 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Cem. Date 9/22/38

19. UNDERTAKER: A. J. Krause & Son

(Address) 1216 S. Charles St

20. FILED SEP 22 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938 to Sept 19, 1938.

I last saw h.e alive on Sept 18, 1938. Death is said to have occurred on the date stated above, at 3:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance: Hypertension & Mitral Regurgitation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Schenuit M. D.

(Address) 1337 S. Clinton St.

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50436

CERTIFICATE OF DEATH

95-B F 50436

CGK--37126

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Sussman

If U. S. Veteran specify WAR

(a) Residence: No. 19 S. Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie

6. DATE OF BIRTH (month, day, year): July 26, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Europe

FATHER

13. NAME: William Sussman

14. BIRTHPLACE (city or town) (State or country): Europe

MOTHER

15. MAIDEN NAME: Florence

16. BIRTHPLACE (city or town) (State or country): Europe

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Lorraine Date 9/22-38

19. UNDERTAKER: Wm. F. Lutz Jr. (Address) 1439 E. Baltimore St.

20. ADDED SEP 22 1938 Huntington Maryland Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1938, to September 21, 1938

I last saw him alive on September 21, 1938. Death is said to have occurred on the date stated above, at 10:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-18-38
Other contributory causes of importance: Hypertensive heart disease	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V03

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50437

CERTIFICATE OF DEATH

92-a F 50437

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 W Lombard St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry G. Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 1332 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Ollie Schide Schmidt

6. DATE OF BIRTH (month, day, year) April 13-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry D. Schmidt

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Matilda Boteth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Ollie S. Schmidt

(Address) 1332 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Sept. 23 1938

19. UNDERTAKER Geo. F. Beyer Jr.

(Address) 512 Fallsway St.

20. FILED SEP 22 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1938 to Sept. 20, 1938

I last saw him alive on Sept. 20, 1938 Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac	about
Valvular disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Williams A Dingee, M. D.

(Address) 1326 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50438

CERTIFICATE OF DEATH

✓ 53 F 50438

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Garrison Blvd St.) (15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nellie Coolidge Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 3410 Garrison Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dean K Robinson

6. DATE OF BIRTH (month, day, year) April 18, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peabody Institute

10. Date deceased last worked at this occupation (month and year) .....

14. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Worcester Mass

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Dean K. Robinson
(Address) 3410 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL
Greenmount Cem
Date Sept 22 1938

19. UNDERTAKER H. Howard Myers
(Address) 715 Light St

20. FILED SEP 22 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1938 to September 20, 1938.

I last saw her alive on September 9, 1938 Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic malignancy (Primary lesion ? Breast)	Autumn 1937
Myocardial failure	9/1/38
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Eloesser, M. D.

(Address) Baltimore Md
3403 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50439

CERTIFICATE OF DEATH

F 50439

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S. Dallas St., 3-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Banks

(a) Residence: No. 413 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 8/20/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chason Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan V Manokey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louise Williams
(Address) 413 S. Dallas st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 9/24 38 19

19. UNDERTAKER Williams & Jackson
(Address) 916 Penna ave

20. FILED SEP 22 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Sept 21, 1938
I last saw h. r alive on Sept 20, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Sept 1/37
Other contributory causes of importance: Hemiplegia Hemorrhagic	Sept 15, 38

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard L Ecclinger M. D.
(Address) 1514 E Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50440

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp St., 9-B Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Griffin

If U. S. Veteran specify WAR

(a) Residence: No. 725 E. 23rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall J. Griffin

6. DATE OF BIRTH (month, day, year) April 29 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... h. or ... min.
	75	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weymouth Mass.

FATHER

13. NAME Mr. Patrick Lyons

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Meade

16. BIRTHPLACE (city or town) (State or country) ~~Ireland~~ Ireland

17. INFORMANT Miss. Margaret Griffin - Dau

(Address) 725 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 27 1938

19. UNDERTAKER J. M. J. Tickner & Sons

(Address) North & Penna Aves

20. FILED ... Registrar.

SEP 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-21-38, 19..., to 9-20, 1938

I last saw her alive on 9-20, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Carcinoma of cardiac end of Stomach	
2nd Senility.	
Other contributory causes of importance	

Was an operation performed? Yes Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. J. Magruder M. D.

(Address) Md. Gen. Hosp

OCCUPATION is very important. See instructions on back of certificate.

14

F 50441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50441

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General / St. 27-18 Ward)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Grace W. Bruce

(a) Residence: No. 3621 Belmont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Geo L. Bruce

6. DATE OF BIRTH (month, day, year) Nov 22 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hse Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 7-1 | 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert F. Wilhelm

14. BIRTHPLACE (city or town) (State or country) Balt, Md.

MOTHER

15. MAIDEN NAME Ella D. J. Ellen Co

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Alberta B. Godfrey

(Address) 3703 Manchester Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 24 1938

19. UNDERTAKER Wm. J. Peckys Son

(Address) Northy Pa.

20. FILED ... 19 ... Registrar.

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Sept 22, 1938

I last saw h... alive on Sept 22, 1938 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
hepatic failure	7/21/38
Other contributory causes of importance:	
Arteriosclerosis	?
Chronic myocarditis	?

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis J. Jamieson, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 9

H

Spec.—2-29-28—L. F. S.—500 Blks.

F 50442

F 50442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3925 Frisby ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Etta Marshall Stauffer Wilson

(a) RESIDENCE NO. 3125 Frisby ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alan Brantley Wilson

6 DATE OF BIRTH (month, day, and year): Dec. 1, 1864

7 AGE — Years: 73 | Months: 9 | Days: 20 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Mt. Joy Pa

PARENTS

10 NAME OF FATHER: Frank H. Stauffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lancaster Pa

12 MAIDEN NAME OF MOTHER: Etta Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington Pa

14 Informant: Mrs. Alan Brantley Wilson

(Address) 3925 Frisby St.

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 21 1938

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Sept 21, 1938, that I last saw her alive on Sept 21, 1938, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Inguinal Hernia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) J. R. D. Wack, M. D.

(Address) 513 East 39th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: Sept 24 1938

20 UNDERTAKER: Wm. J. Pickuer Sons

ADDRESS: Norfolk Va

Important. See instructions on back of certificates.

F 50443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50443

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward)

Registered No. 99-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Caroline A. Wagner

If U. S. Veteran specify WAR

(a) Residence: No. 3722 Foster Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. W. Wagner

6. DATE OF BIRTH (month, day, year) Nov. 29, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Christian Gutheim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Coal Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Geo. W. Wagner.
(Address) 3722 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept 23, 1938

19. UNDERTAKER John Ulrich
(Address) 2008 Eutaw St.

20. FILED 19
Registrar.

SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1938 to Sept 19 1938

I last saw her alive on Sept 19 1938 Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro spinal meningitis	9-18-38
Acute purulent sinusitis, r. side	9-11-38
Retrobulbar cellulitis, r. side	9-11-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-17-38

For what disease or injury? Acute purulent sinusitis

Name of operation Simple sinusotomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. R. Lumpert M. D.

(Address) St. Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 50444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50444

48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1724 E 28th St. 9-6 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura H Elder

If U. S. Veteran specify WAR .....

(a) Residence: No. 1724 E 28th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry J Elder Sr

6. DATE OF BIRTH (month, day, year) July 30- 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	1	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Elmer C Hull

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Haines

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry J Elder Sr
(Address) 1724 E 28th St

18. BURIAL, CREMATION, OR REMOVAL
Place Harmony Gdns Date Sept 23, 1938

19. UNDERTAKER John Ulrich
(Address) 2228 Eastern Ave.

20. FILED ... 38 ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6 1938 to Sept 20 1938

I last saw her alive on Sept 19 1938 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Cancer cervix	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? No Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth S. Pickrell M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

17

50445 F 50445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Eugene Ave. & Monument St., 72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Weber

If U. S. Veteran specify WAR

(a) Residence: No. 2210 Jefferson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Anna Weber

6. DATE OF BIRTH (month, day, year) March 22 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Weber

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Anna M. Reinhardt

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Otto E. Weber

(Address) 422 N. Eugene ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Sept. 24, 1938

19. UNDERTAKER John Uhlich

(Address) 1004 Eastern Ave

20. FILED Sept 22 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/21/1938

Where did injury occur? Eugene Ave & Monument St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Shot self in head with

Nature of injury a revolver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenck, M. D. Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

50446
351811

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50446

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 5-1 122-P

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 1417 Jefferson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James.

6. DATE OF BIRTH (month, day, year) 3/18/63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Eby Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion Sept. 24 38

19. UNDERTAKER Robert F. Gonnaff (Address) 804 N. Caroline St.

20. FILED ..... Registrar.

Sept 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1938, to Sept. 20, 1938

I last saw h. alive on Sept. 20, 1938. Death is said to have occurred on the date stated above, at 5 25 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. High Intestinal obstruction	9-16
arterio sclerotic heart disease —	
Other contributory causes of importance:	
arterio sclerotic heart disease —	

Was an operation performed? Yes Date of Sept 19 -38

For what disease or injury? Intestinal obstruction —

Name of operation Side to side anastomosis — duodeno enterostomy

What test confirmed diagnosis? Was there an autopsy? Yes —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Jonas Jr. M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 50447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50447

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 E 38th St., 9-1 Ward)

Registered No. 46-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank L Tarbert

If U. S. Veteran specify WAR

(a) Residence: No. 625 E 38th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L Tarbert

6. DATE OF BIRTH (month, day, year) July 6 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Tarbert

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hannah Carr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Mrs Emma) L Tarbert
(Address) 625 E 38th St

18. BURIAL, CREMATION, OR REMOVAL Date Druid Ridge Cem 9/23 1938

19. UNDERTAKER Geipe & Shirley
(Address) Lafayette

20. FILED 19 Registrar.

2-2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7 1937 to September 20 1938

I last saw him alive on September 17 1938 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach With Metastases of Lungs	About June 1938
Other contributory causes of importance:	
Arteriosclerosis With Hypertension	Unknown
Chronic Diffuse Nephritis	Unknown

Was an operation performed? No Date of ----

For what disease or injury? ----

Name of operation ----

What test confirmed diagnosis? Laboratory and Xray Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Gurgovay M.D.

(Address) 401 S. 25th Street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50448 — CERTIFICATE OF DEATH — 22 — F 50448

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Sylvester Barksdale — (a) Residence. No. 1049 W. Lexington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): —
6. DATE OF BIRTH (month, day, year): Aug. 11 '25
7. AGE: Years: 13; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Halifax, Va

FATHER
13. NAME: Henry Barksdale
14. BIRTHPLACE (city or town) (State or country): Halifax, Va

MOTHER
15. MAIDEN NAME: Izetta Henry
16. BIRTHPLACE (city or town) (State or country): Halifax Va

17. INFORMANT: Henry Barksdale (Address) 1049 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL: Place Halifax Va Date 9/22 1938

19. UNDERTAKER: Walter B. Gray & Son (Address) 28 W. Hanby St. Huntington Station, L.I.

20. FILED SEP 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	24 hrs
Pellagra	1 Week
Tetanus	1 Week
Other contributory causes of importance: Laceration of rt leg (Glass bottle)	11 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Yes Date of injury 9/7, 1938

Where did injury occur? Yard of Residence (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home.

Manner of injury cut leg on milk bottle *

Nature of injury Laceration of leg (3 stitches)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 7360 Eutaw Place

* No antitoxin Administered

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

50449

CERTIFICATE OF DEATH

F 50449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 9-9 Ward)

Registered No. 195-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Ward

If U. S. Veteran specify WAR

(a) Residence: No. Roseburg Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine E. Ward

6. DATE OF BIRTH (month, day, year) July 2 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipscaler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Yard

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME -

14. BIRTHPLACE (city or town) (State or country) -

MOTHER

15. MAIDEN NAME -

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Mrs. Katherine Ward
(Address) Roseburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pinewood Date Sept 25 1938

19. UNDERTAKER Ed. N. Goodman Son
(Address) 7 S. Calvert St.

20. FILED SEP 22 1938 Registrar Houston Edwards, Mgr.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938, to Sept 22, 1938

I last saw him alive on Sept 22, 1938. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	4 yrs
decompensation	
Pneumonia Confluent	
Other contributory causes of importance:	
Hypertension	7

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. R. Crumpt M. D.

(Address) St Joseph Hosp.

F 50450

HEALTH DEPARTMENT—CITY OF BALTIMORE

50450

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Caroline St. St., 9-6 Ward)
St. Joseph's Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Weiner 1816 E 30th St

If U. S. Veteran specify WAR .....

(a) Residence: No. St. Joseph's Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

FATHER

13. NAME George Weiner

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mabel Brauns

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

17. INFORMANT Geo Weiner
(Address) 1816 E 30 St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Sept 22 1938

19. UNDERTAKER John Allnutt
(Address) 2008 Aliceanna

20. FILED ... 19 ... Huntington Williams Registrar.
SEP 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1938 to Sept. 22, 1938

I last saw him alive on Sept. 22, 1938 Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Prolonged labor	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) A. V. Simmons, M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 50451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50451

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balt. Gen. Hosp. 12-5-131 Registered No.

CITY OF BALTIMORE: (No.) St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. dx. How long in U. S. If of foreign birth? yrs. mos. dx.

If U. S. Veteran specify WAR

2. FULL NAME Lifetime Leago James Cullison

(a) Residence: No. 318 E Lanvale St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Tillie S. Cullison

6. DATE OF BIRTH (month, day, year) May 9—1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens Furnishing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Cullison

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Jane Tierney

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Tillie Cullison (Address) 318 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Sept 24-38

19. UNDERTAKER Geo F. Krause & Son Inc. (Address) 118 N. Eutaw St

20. FILED Sept 26 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1938 to Sept 21, 1938

I last saw him alive on Sept 21, 1938 Death is said to have occurred on the date stated above, at 12-20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	
Hypertensive Heart Disease	
Uremia	
Acute Nephritis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M R Gibson, M. D.

(Address) West Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V9 E

F 50452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1341 50452

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Payson St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lorretta K. Muller

If U. S. Veteran specify WAR

(a) Residence: No. 128 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Muller

6. DATE OF BIRTH (month, day, year) June 6, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Dailey

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME Hellen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William H. Muller
(Address) 128 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 24, 38

19. UNDERTAKER Terry F. Ruffle
(Address) 101 Edmondson Ave.

20. FILED Sept. 24, 1938 Huntington Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21/38

22. I HEREBY CERTIFY, That I attended deceased from 1934 to Sept 21 1938

I last saw her alive on Sept 21 1938. Death is said to have occurred on the date stated above, at 10 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	2 days
Acute cardiac dilatation	4 hrs.
Other contributory causes of importance: Kidney stone (right & Left Kidneys.)	3yrs.

Was an operation performed? Kidney stones Date of 1936

For what disease or injury? removal of rgt kidney stone

Name of operation " " " "

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, state how.

(Signed) A Calas M. D.

(Address) 4 N. Fulton ave.

V 2

P 22 1938

F 50453

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50453

CERTIFICATE OF DEATH

37141-PS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sally Bernhardt

If U. S. Veteran specify WAR

(a) Residence: No. 746 W. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel

6. DATE OF BIRTH (month, day, year) 11-2-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Dorsey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eva Abel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln Pk Date 9/23 1938

19. UNDERTAKER D. D. Conway & Co

(Address) 21 W. 26th St

20. FILED 9/23/38 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-18 1938 to 9-20 1938

I last saw her alive on 9-20 1938 Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subphrenic abscess Rt.	?
Generalized peritonitis	24 hrs
Other contributory causes of importance: Diabetes mellitus	?

Was an operation performed? yes Date 9-19-38

For what disease or injury? Peritonitis

Name of operation Exploratory laparotomy

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Bourne M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

14

F 50454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a 35341 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Donnybill

(a) Residence: No. 131 N. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle

6. DATE OF BIRTH (month, day, year) 4-7-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James [illegible]

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Annie Bregg

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Sept 23 1938

19. UNDERTAKER Martin F.G. Bryan
(Address) 1110 Eutaw St.

20. FILED 9/22/1938 Huntington Mulligan, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19 1938 to September 21. 1938.

I last saw him alive on September 21, 1938. Death is said to have occurred on the date stated above, at 5-5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-18-38
Other contributory causes of importance: Cerebral Hemorrhage	July 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Lautalle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V62

F 50455 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50455

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No.) 121 S. Broadway St., 2 Ward)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ewed Kahn

If U. S. Veteran specify WAR

(a) Residence: No. 121 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Kahn

6. DATE OF BIRTH (month, day, year) Dec. 25-85

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Keiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Ewed (daughter)
(Address) 121 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Dept 12-38

19. UNDERTAKER Lilly & Zeibel Inc
(Address) 403 W. Lexington St.

FILED 12-22-1938 Huntington Hilligas, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1938

22. I HEREBY CERTIFY, That I think chance of the casualty described above, held an Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of interval
Coronary Thrombosis	Minutes
Tubular hard disease	10 Years
Other contributory causes of importance: Hemorrhoids	5 Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D.
Coroner

(Address) 1712 N. Gay St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

50456

F 50456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Scott St St. 21-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Bullinger

(a) Residence: No. 1229 Scott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of Susie Bullinger

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways-Transit

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Metzger

(Address) 1229 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 30 1938

19. UNDERTAKER Posture Inc

(Address) 1011 W. Baltimore St

Registrar

SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 hrs
Acute Cardiac Dilatation	
Other contributory causes of importance: Hypertension, Arteriosclerosis	2 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams Coroner M. D.

(Address) 2360 Eutaw place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 50457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50457

CERTIFICATE OF DEATH

1. PLACE OF DEATH: West Balto Gen'l Hospital

CITY OF BALTIMORE: (No. Lakeland & Rayner St., [illegible] Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mr John W Baker

(a) Residence: No. 2391 Pentalow St., C Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha E Baker

6. DATE OF BIRTH (month, day, year) Aug 29 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas oil worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) 5/38

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William V. Baker

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va

MOTHER

15. MAIDEN NAME Sophronia N. Shaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M. D. Lucas

(Address) West Baltimore Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Sept 24 1938

19. UNDERTAKER Wm Cook

(Address) 217 E Paul St

20. FILED 193[illegible] [illegible] Registrar

SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1938 to 9-21, 1938

I last saw him alive on 9-21, 1938. Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia both lungs	9-8

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D. Lucas M. D.

(Address) W. B. H.

STATE CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. PART NUMBERED 24 OCCUPATION is very important. See instructions on back of certificate.

50458

HEALTH DEPARTMENT—CITY OF BALTIMORE

50458

CERTIFICATE OF DEATH

35969 JS

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Snell

If U. S. Veteran specify WAR

(a) Residence: No. 2209 Oak St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 5-1-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/24 1938

19. UNDERTAKER Raynor Sanders
(Address) 1413 E. Preston St

20. FILED 19
Registrar.

SEP 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20 1938

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1938 to September 20, 1938

I last saw him alive on September 20 1938. Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. DeSautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

50459 E 50459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 23 34115 JS

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 10-2 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elijah Haynesworth

(a) Residence: No. 825 Ashland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-17-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N/A

10. Date deceased last worked at this occupation (month and year) .

11. Total time (years) spent in this occupation .

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Job

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Adelaide Spencer

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Bm Date 9/25- 1938

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St.

20. FILED SEP 23 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1938 to 9-21, 1938

I last saw him alive on 9-21, 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	9
Tuberculosis of Spine	9
Tuberculosis meningitis	week

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. L. Bourne M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 P

50460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50460

CERTIFICATE OF DEATH V 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hospital Ward) 20-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph D. Stinchcomb

If U. S. Veteran specify WAR

(a) Residence: No. 502 Hurley Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Stinchcomb

6. DATE OF BIRTH (month, day, year) March 21, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corkran-Hill Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jefferson D. Stinchcomb

14. BIRTHPLACE (city or town) (State or country) A.A.Co., Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Mary Stinchcomb
(Address) 502 Hurley Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Sept. 24, 1938

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.,

20. FILED Huntington Station, Md.
SEP 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and (from the evidence obtained by said (Inquest, Autopsy or Inquiry)) find that said deceased came to death on the day stated above. 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Hamm, M. D.
Coroner

(Address) 1218 Harman

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 50461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50461

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH 1620 N. PORT ST. 8-2 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter S. Spangler If U. S. Veteran specify WAR.....

(a) Residence: No. 1620 N. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced WIFE of / HUSBAND of Ida F. Spangler

6. DATE OF BIRTH (month, day, year) April 30 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME George Spangler

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Mary Pierce

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Pierce Spangler

(Address) 928 N. Monroe Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date 9-24- 1938

19. UNDERTAKER John E. Nelly Inc

(Address) 2435 Oliver St

20. FILED SEP 23 1938 Huntington Pendergast Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938, 19 . to September 22, 1938

I last saw him alive on September 21, 1938. Death is said to have occurred on the date stated above, at 11:35 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1920
Left Hemiplegia	1935
Chronic Nephritis	1935
Myocardial Failure	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. L. Fenno M. D.

(Address) 3021 Belair Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50462

CERTIFICATE OF DEATH

94-B F 50462

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1250-E. North Ave. St., 9-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Amelia C. Schafer

If U. S. Veteran specify WAR no

(a) Residence: No. 1250-E. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

8a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. S. Schafer

6. DATE OF BIRTH (month, day, year) 12/3/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John P. Komoser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Perls

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. S. Schafer

(Address) 1250-E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. 9/24/38

Geo. W. Stout & Bro.

19. UNDERTAKER Geo. W. J. Stout, Inc.

(Address) 1725-Harford Ave.

20. FILED SEP 23 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Examination thereon and from the evidence obtained by said Examination find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

V S 6

Information should be typewritten. Use ink if typewriter is not available. Cause of death must be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

F 50463 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50463

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 4 (Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Valliant

If U. S. Veteran specify WAR

(a) Residence: No. [illegible] Meredosia, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise B. Valliant

6. DATE OF BIRTH (month, day, year) Nov. 29th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fertilizer Mfg. Pt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Talbot Co.

FATHER

13. NAME Edwin S. Valliant

14. BIRTHPLACE (city or town) (State or country) Talbot Co.

MOTHER

15. MAIDEN NAME Mary J. Tattersall

16. BIRTHPLACE (city or town) (State or country) Queenstown Md.

17. INFORMANT W. E. Valliant

(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Church Hill, Md. Date Sept 25 1938

19. UNDERTAKER Kenneth L. Thomas Co.

(Address) Cambridge Md

FILED SEP 23 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5. 1938 to Sept. 23 1938

I last saw him alive on Sept 23 1938. Death is said to have occurred on the date stated above, at 1:27 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pancreas	?
Other contributory causes of importance: Metastasis Biliary obstruction	?

Was an operation performed? yes Date of 20 d

For what disease or injury? Carcinoma pancreas

Name of operation Exploratory laparotomy. Cholecystostomy.

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify .....

(Signed) Richard S. Lyons Jr. M. D.

(Address) University Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50464

CERTIFICATE OF DEATH

820 F 50464

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Eadman Ave E-1 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary L. Fuck

If U. S. Veteran specify WAR

(a) Residence: No. 2502 Eadman Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: Mulo

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31 1855

7. AGE: Years 82 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Adolph H. Fuck

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Florence Eberle

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs Florence Aichele Charleston S C

18. BURIAL, CREMATION, OR REMOVAL: Hill Park St Pauls Cem Dwid Date 9-23 1938

19. UNDERTAKER (Address) Mrs Chas A G Rohde 2327 Edmondson Ave

20. FILED ... 19... Registrar

SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1937 to Sept 21 1938

I last saw her alive on Sept 21 1938 Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
c Hemiplegia	11 mo.
Other contributory causes of importance: Arterio Sclerosis	—

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. D.

(Address) 2020 N. Charles

VS-3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50463 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50465

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md. Registered No.

CITY OF BALTIMORE: (No. St. 113 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Joseph G. Moore If U. S. Veteran specify WAR SAW

(a) Residence: No. 508 Cathedral St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) Aug. 6, 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constr. Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J.R. Livesey

10. Date deceased last worked at this occupation (month and year) 1936 or 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati, Ohio

FATHER

13. NAME Arthur G. Moore

14. BIRTHPLACE (city or town) (State or country) ? Indiana

MOTHER

15. MAIDEN NAME Isabel Utz

16. BIRTHPLACE (city or town) (State or country) Cincinnati, Ohio

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Md. Date Sept 23 1938

19. UNDERTAKER Richard W. Meyer & Son
(Address) 1620 Aisquith St.

20. FILED 19 Registrar.

SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20: 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to September 20, 1938

I last saw him alive on September 20, 1938. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy, prostate	Jan. '33
Pyelonephritis, chronic	8-12-38

Other contributory causes of importance:

Was an operation performed? yes Date of 8-3; 8-12-38

For what disease or injury? Hypertrophy, prostate

Name of operation 1: Ligation of vas, cystoscopy, 2: Prostatectomy, transurethral

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T B Nadum M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HF/g

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50466 HEALTH DEPARTMENT—CITY OF BALTIMORE 50466

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 18-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Staub (37097)

(a) Residence: No. 113 W. Claire St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) ? ? ? 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME William Staub

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Sept 24 38

19. UNDERTAKER Richard W. Dreyer
(Address) 1620 Aisquith St

20. FILED SEP 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1938 to September 22, 1938.

I last saw her alive on September 22, 1938 Death is said to have occurred on the date stated above, at 7:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct ? 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50467

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 W. Baltimore St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick J. Scharnagle

If U. S. Veteran specify WAR

(a) Residence: No. 938 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise Scharnagle

6. DATE OF BIRTH (month, day, year) May 14. 1875

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	63	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner & Dyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year) Aug 1. 1938

11. Total time (years) spent in this occupation 52 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lorenz Scharnagle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hesse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Scharnagle
(Address) 938 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 24. 38

19. UNDERTAKER Mr & Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St.

20. FILED ... 19... Registrar.

SEP 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 4 1938 to Sept 21 1938

I last saw h alive on Sept 21 1938 Death is said to have occurred on the date stated above, 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon & Secondary Hepatic Carcinomatosis; Pneumonia Terminal	Sept 18, 1938

Other contributory causes of importance:

Was an operation performed? Yes, Date of Aug. 13, 1938

For what disease or injury? Carcinoma of Colon

Name of operation Colostomy

What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Druid Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50468

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N Durham St Ward) Registered No. 6793

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Li Sparklin

If U. S. Veteran specify WAR

(a) Residence: No. 1609 N. Durham St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank O

6. DATE OF BIRTH (month, day, year) May 23 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
59	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Harry Lewis

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Harker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs C L Claypoole

(Address) 2701 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 9-26 19 38

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

20. FILED SEP 26 1938 19 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

45 Same

21. DATE OF DEATH (month, day, year) Sept 22 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/31 . 38 to 9/22 . 38

I last saw her alive on 9/21 38 . Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5/31/38
Hypertension	"
Chronic Myocarditis	"
Other contributory causes of importance:	
Cerebral hemorrhage	9/18/38
Cardiac insufficiency	9/22/38

Was an operation performed? None Date of:

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? X If so, (Specify)

(Signed) Geo. Barden M. D.

(Address) 1517 E North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50469

CERTIFICATE OF DEATH

13-4 122-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Tenement St. 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Abraham Rosenberg
(a) Residence: No. 2903 Parkwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

H U. S. veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Alex Rosenberg
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Gertrude ?
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Kate Rosenberg
(Address) 2903 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mem'l Pk Date 9/23/38

19. UNDERTAKER Jos. Lewis Inc
(Address) 1439 E Balto St

20. FILED Huntington Wilson Registrar.

9-23-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22/38 19

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came (Inquest, Autopsy or Inquiry) obtained by said death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

7 45 pm

Acute intest bowel

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Mervin M. D.
Coroner
(Address) 1515 E Lexington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50470

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 7-5-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1631 N. Elderry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) September 23 - 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housecleaning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Benjamin Campbell

14. BIRTHPLACE (city or town) (State or country) West Moreland Virginia

MOTHER

15. MAIDEN NAME Thelma Austin

16. BIRTHPLACE (city or town) (State or country) Clarkstown, Virginia

17. INFORMANT Father

(Address) 1631 N. Elderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 26 1938

19. UNDERTAKER Robert E. Wilkins

(Address) 25-25 N. Elderry St.

20. FILED SEP 23 1938 Huntington Williams, Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1938 to September 21, 1938

I last saw her alive on September 21, 1938 Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerated Tuberculosis	"
miliary Tuberculosis	July - 1938
Tuberculous meningitis	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray and lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry S. Gimbel M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50471

HEALTH DEPARTMENT—CITY OF BALTIMORE

#36766

CERTIFICATE OF DEATH

1117-a

F 50471

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 11th St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Foster Gilley

(a) Residence: No. 438 E. Lanvale St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
RUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) 4/23/1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	50	4	29	

OCCUPATION

8a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sells Newspapers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine McGee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 24 1938

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED Sept 24 1938 Huntington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1938, to 9-22, 1938

I last saw him alive on 9-22, 1938 Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Pertis, ulcer	?
Hemorrhage from ulcer	10 days?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. L. Bourne, M. D.

(Address) Balto. City Hosp.

P 29 1938

V.S.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50472 (1938) F 50472

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-E Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Lotte

If U. S. Veteran specify WAR

(a) Residence: No. Federalsburg, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arlin Locke

6. DATE OF BIRTH (month, day, year) Apr. 16 '05

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33		25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. factory worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosiery
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER
13. NAME Will Tragakefus
14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER
15. MAIDEN NAME Rose Franke
16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL SEP 23 1938

Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED SEP 23 1938 Registrar

4303

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1938 to Sept 11, 1938
I last saw h[illegible] alive on Sept 11, 1938 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis -	
Bronchial pleural fistula	
Pyopneumothorax	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/30/38
For what disease or injury? Pyopneumothorax
Name of operation Thoracotomy
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50473

93-c

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823½ Hanford Ave 10-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

(Specify WAR)

2. FULL NAME Florence Williams

(a) Residence: No. 823½ Hanford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1875

7. AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year): 1870

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Bennett

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lucy Bryan

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Harriett Bennett 823 Hanford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: UNIVERSITY MEDICAL SCHOOL SEP 23 1938

Commissioner of Health

19. UNDERTAKER (Address): For H. A. Moore

Filed SEP 23 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset: about April 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irene S. Allen, M. D.

(Address) 1 N Carrollton Ave

SEP 23 1938

4305

V 56

50474 HEALTH DEPARTMENT—CITY OF BALTIMORE #15563

CERTIFICATE OF DEATH F 50474 ST

√ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME George Adler

If U. S. Veteran specify WAR

(a) Residence: No. Balto. City Hosnts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

4940 Eastern Ave.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/7/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **planer, sawyer, bookkeeper, etc.** Teamster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME Henry Church

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Myra or Marion Couton

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Balto. City Hospitals Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date SEP 23 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED SEP 23 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938 to September 18, 1938

I last saw him alive on September 15, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-13-38
Other contributory causes of importance: Infectious arthritis	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 23 1938

44306

F 50473

F 50475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32221 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 2 E 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Brown or Mamie Young

If U. S. Veteran specify WAR

(a) Residence: No. 119 Perry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
'HUSBAND of
(or) WIFE of James Guy

6. DATE OF BIRTH (month, day, year) 4-?-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Janie ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 23 1938

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED ... 19...

Registrar.

No. 38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1938, to 9-19, 1938

I last saw her alive on 9-19, 1938. Death is said to have occurred on the date stated above, at 12:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	?
Other contributory causes of importance:	

Was an operation performed? yes Date of 4-30-38

For what disease or injury? Carcinoma of breast

Name of operation Removal of breast tumor

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Bowers M. D.

(Address) Balto. City Hosp

P 28 1938

4307

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50476

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., 223 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theodore M. Luedke

If U. S. Veteran specify WAR.

(a) Residence: No. 1425 Race St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 9, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Julius T. Luedke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Hinkle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Julius T. Luedke (Father)

(Address) 1425 Race St., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Sept. 24, 38

19. UNDERTAKER A. Howard & Sons

(Address) 1400-02 S. Charles St.

20. FILED [illegible] 19 [illegible] Registrar

SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

Coroner

(Address)

F 50477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50477

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Race St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Luedke

If U. S. Veteran specify WAR

(a) Residence: No. 1425 Race St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius T. Luedke

6. DATE OF BIRTH (month, day, year) Dec. 9, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Julius T. Luedke (Husband)
(Address) 1425 Race St. Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Sept. 24, 38

19. UNDERTAKER A. Raad Evans
(Address) 1400-02 S. Charles St.

20. FILED 19 38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Allen M. D.

(Address) 2737 W. North Ave.

V S 6

E—WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

F 50478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50478

CERTIFICATE OF DEATH

82 Va

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 926 Poplar Gr. St. 16-6 Ward)
Chicago

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Casper

(a) Residence: No. 926 Poplar Gr. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed ~~or divorced~~
HUSBAND of (~~or WIFE of~~) Susan Casper

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	unknown		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0615
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Rev. Eg. Frank
(Address) 5th Ave. Resting

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 24 1938

19. UNDERTAKER E A Cronning
(Address) 2924 Edmondson Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1937 to Sept. 22 1938
I last saw h~~im~~live on Sept. 9 1938 death is said to have occurred on the date stated above, at 8 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	1937
Cerebral Hemorrhage	10. 1938
	9 22 38

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George H Kemp M. D.
(Address) 3030 Edmondson Ave

SEP 23

WHEN FILLED WITH THE BODY IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 50479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50479

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 E. North Ave. St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Hattie Barton Allen

(a) Residence: No. 125 E. North Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William B. Allen

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susie B. Barton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary A. Waltzer
(Address) 2033 E. 31st. Stadt

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept. 24. 1938

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED SEP 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11- 1938 to Sept 22- 1938

I last saw her alive on Sept. 21- 1938 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypocarditis Mit	1923
Coronary Thrombosis	1931
arteriosclerosis. Slight	about 5 mos

Other contributory causes of importance

Hysterectomy & myodrosis & Uterus
eighteen, imperfect health - Anemia 3 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Brand Briener M. D.

(Address) 2125 Maryland Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50480

K 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Burtch

(a) Residence: No. 510 E. White St., St., Ward. Champaign, Ill.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Gertrude Huddelston

6. DATE OF BIRTH (month, day, year) July 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tug Fort McHenry

10. Date deceased last worked at this occupation (month and year) 7/21/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Penna.

FATHER

13. NAME Orin Burtch

14. BIRTHPLACE (city or town) (State or country) Buffalo, New York

MOTHER

15. MAIDEN NAME Ann Jane Detrich

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Penna.

17. INFORMANT Records-U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Sept. 26 1938

19. UNDERTAKER E. Leroy Stoffler, Inc.
(Address) 1256 E. North Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1938 to Sept. 22, 1938

I last saw h... in alive on Sept. 22, 1938. Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, bilateral,	
type III	9-19-38
Arteriosclerosis, general.	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, count and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) K K Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 27 1938

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F 50481

F 50481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36401-PS

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 19-E Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Mary Richardson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1824 Ramsay St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H. Richardson

6. DATE OF BIRTH (month, day, year) 8-9-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George Zeiler

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ella Hicks

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Sept 26 1938

19. UNDERTAKER Geo. F. Bayer & Sr

(Address) 1512 Baltimore St.

20. FILED SEP 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1938, to 9-22, 1938

I last saw her alive on 9-22, 1938 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of jejunum	9
Secondary anemia	?
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. J. Bourne M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

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50482 HEALTH DEPARTMENT—CITY OF BALTIMORE 50482

CERTIFICATE OF DEATH ✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Bevans St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irving Connor Watkins If U. S. Veteran specify WAR World War

(a) Residence: No. 916 Bevans St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Newton Connor

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Ella Watkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Betrice Conner
(Address) 1224 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 24 1938

19. UNDERTAKER James A Hayes
(Address) 1142 Hanover St

20. FILED SEP 24 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) P R Colburn M. D.
Coroner

(Address) 2757 W Lexington

V S 6

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50483

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 W. Lexington St. St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify W. or S.

2. FULL NAME Elizabeth Brown

(a) Residence: No. 832 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcellus

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Factory

10. Date deceased last worked at this occupation (month and year) 9/26/38

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Neil

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hilda Coleman (D)

(Address) 832 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 9/26/38, 19

19. UNDERTAKER Chas. Hartzell

(Address) 514 N. Calhoun St.

FILED SEP 24 1938 Lexington Fallsway, Nyc

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, said on Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2 hrs
Other contributory causes of importance: Chr. Cardio Vascular Disease	1 yr

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Michael A. Abrams, M. D.

Coroner

(Address) 2360 Eutaw Place

V 5 6

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

50484

F 50484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1320 Morling Ave St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles N. Martin

If U. S. Veteran specify WAR

(a) Residence: No. 1320 Morling Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31 - 1868

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
70	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yarn Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mills

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Richard Morton

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Margaret Robinson

16. BIRTHPLACE (city or town) (State or country) Thirmel Ridge Balto

17. INFORMANT C. N. Martin

(Address) 1320 Morling Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Sept 25 1925

19. UNDERTAKER H. St. Marshall

(Address) 2539 Falls Road

20. FILED 1925 Huntington Williams Registrar

SEP 24 1925

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1925

22. I HEREBY CERTIFY, That I took charge of the (remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/22/25

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Crane, M. D.

Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

50485

CERTIFICATE OF DEATH

1938 F 50485

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Bouldin St., 26-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael J. Murphy

If U. S. Veteran specify WAR No

(a) Residence: No. 323 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. Murphy

6. DATE OF BIRTH (month, day, year) Aug. 16, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baugh Chem. Co. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick T. Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martha Farrell

16. BIRTHPLACE (city or town) (State or country) Winchester, Va.

17. INFORMANT Catherine E. Murphy
(Address) 323 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date Sept 25th 1938

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St

20. FILED SEP 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Sept 22, 1938

I last saw h. alive on Sept 22, 1938. Death is said to have occurred on the date stated above, at 5 05 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	
Coronary Occlusion	9-22-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. A. Schumacher, M. D.

(Address) 8425 E. 7th Ave.

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50486

F 50486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 920 CC

CITY OF BALTIMORE: (No. Bay View St., 26-11 Ward)

Registered No. 877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U.S. Veteran (Specify WAR)

2. FULL NAME Emma Long

(a) Residence: No. 1229 E. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Casper Long

6. DATE OF BIRTH (month, day, year) April 20-87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Cummins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Martha Hartman Daughter

(Address) 1229 E. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Sept 26 1938

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED SEP 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Day
Other contributory causes of importance: Valvular heart disease	Yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. O. Wood M. D. Coroner

(Address) 1712 N. Bond St.

SEP 24 1938

V.S. 6

K. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50487

CERTIFICATE OF DEATH

119 F 50487

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edmondson Ave St 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Calvin Brooks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1520 Pennsylvania Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 7, 1932

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—	10	—	

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Brooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary McGowan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James Brooks (Address) 1520 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/24 1938

19. UNDERTAKER Eugene E. Kelly (Address) 2002 Druid Park Drive

20. FILED SEP 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Sept 23, 1938.

I last saw him alive on Sept 22, 1938. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro intestinal infection (Primary Cause)	9/20/38
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lewis D. Carr, M. D.

(Address) 510 Madison Ave

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 50488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50488

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Woodbourne Ave St., 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Gassaway

(a) Residence: No. 511 Woodbourne Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 25: 185-6

7. AGE: Years 82 | Months 3 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 0006

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (City or town) (State or country): Dorchester Co Maryland

FATHER

13. NAME: John Gassaway

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Nellie Seymour

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Josephine F. Williams 511 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Sept 26 1938

19. UNDERTAKER (Address): Francis A. Higgins 518 N. Gilmor St.

20. FILED SEP 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1938 to Sept 23 1938

I last saw him alive on Sept 24 1938 Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Sept 22

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

(Specify)

(Signed) H. Garland Thomas M. D.

(Address) 1534 Eutaw Pl

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

50489

HEALTH DEPARTMENT—CITY OF BALTIMORE

50489

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Dolphin St., 17-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 6 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sallie Wynn

If U. S. Veteran specify WAR .....

(a) Residence: No. 923 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec. 11, 1869

7. AGE: Years 68 | Months 9 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Cooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucretia Warren

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Eleanor Johnson

(Address) 923 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date Sept. 24 1938

19. UNDERTAKER Francis A. Kelly

(Address) 525 N. Bradford St.

20. FILED Sept 24 1938 Clayton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1938 to Sept. 22, 1938

I last saw her alive on Sept. 22, 1938. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Senility	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. R. Campbell M. D.

(Address) 916 Dolphin St

SEP 24 1938

GHL

F 50490 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50490

CERTIFICATE OF DEATH

53E 37021 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hos t. St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Wright

If U. S. Veteran specify WAR

(a) Residence: No. 1111 E. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sadie Wright

6. DATE OF BIRTH (month, day, year) 3-4-1878 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 50	6	7 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT H. C. M. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mem Pk Date Sept 26 1938

19. UNDERTAKER Mrs R. C. Elliott Dr't
(Address) 1129 N. Caroline St

20. FILED SEP 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-14 1938 to 9-21 1938

I last saw him alive on 9-21 1938 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of unknown origin	?
Other contributory causes of importance: arteriosclerosis generalized	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Bourne M. D.

(Address) Balto City Hosp.

V. S. — WHILE PLEASE WITH PENCIL—THIS IS A PERMANENT RECORD. Be sure information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#8263 SP

F 50491

CERTIFICATE OF DEATH

1070

F 50491

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 22-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Jones

(a) Residence: No. 646 W. Barre St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) 12/25/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 9/23 19 38

19. UNDERTAKER Walter B. Sapp

(Address) 539 W. Barre St.

20. FILED SEP 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to September 20, 1938.

I last saw him alive on September 20 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-16-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

V. S.

N. B.—WRITE PLAINLY, WITH PENDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50492

CERTIFICATE OF DEATH

108

F 50492

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Race St St., 7 2nd Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur James Hudson

If U. S. Veteran specify WAR

(a) Residence: No. 1119 Race St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Hudson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Jacops

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah Jocops
(Address) 1117 Race St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cty Date 9/23, 1938

19. UNDERTAKER Walter R. Sayler
(Address) 139 Wilkens Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Miller Coroner, M. D.

(Address) 2757 W Fay

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 50493

F 50493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH In Automobile

CITY OF BALTIMORE: (No. 607 N. Bond St., 2-3 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. veteran specify WAR

2. FULL NAME Jacob Bratzel

(a) Residence: No. 607 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30-86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Bratzel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Frederica Matthews

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Theresa Bratzel
(Address) 607 Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 9/26/38

19. UNDERTAKER J. F. & J. Kelly
(Address) 130 E. Fort Ave.

FILED SEP 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	2 hrs.
Found dead in Automobile	
Other contributory causes of importance: Alcoholism Chronic	2 years

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1717 N. Bond St.

V. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 50491 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50491

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Mosher St. St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Coster Patten

If U. S. Veteran specify WAR .....

(a) Residence: No. 2722 Mosher St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip J. Patten

6. DATE OF BIRTH (month, day, year) March 7, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. W. Coster

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mollie Mercer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Philip J. Patten

(Address) "2722 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Sept. 24, 1938

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Pa. Aves.

20. FILED SEP 24 1938, 19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934, to Sept. 22, 1938

I last saw h[illegible] alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pseudo Bulbar Paralysis.	Dec 22-34
Other contributory causes of importance:	
Myocardial insufficiency	2 days

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Bruns M.D.

(Address) 2200 Jackson Blvd

S. B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Fill in all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 P

F 50495 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50495

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 E. Monument Street St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas Jacob Gollery

If U. S. Veteran specify WAR .....

(a) Residence: No. 2009 E. Monument Street St., ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary H. Gollery
~~(only) WIFE of~~

6. DATE OF BIRTH (month, day, year) April 23. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distiller 056

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Howard County, Md.

FATHER

13. NAME Thomas Jacob Gollery

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? McConnell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary H. Gollery
(Address) 2009 E. Monument Street.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 26th 19 38

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED SEP 24 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Sept 21, 1938.

I last saw h... alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 7.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
Other contributory causes of importance:	
General + coronary Sclerosis	[illegible]

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St

E.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 B

F 50496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50496

CERTIFICATE OF DEATH

X 82a

1. PLACE OF DEATH West Baltimore General Hosp

Registered No.

CITY OF BALTIMORE: (No. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cornelius McCuliffe

(a) Residence: No. Orchard Beach Anne Arundel Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of May Robertson McCuliffe

6. DATE OF BIRTH (month, day, year) Oct 10-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	17 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dennis J. McCuliffe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen T. Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs May McCuliffe

(Address) Orchard Beach Anne Arundel Co Md

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem 9/26/38

19. UNDERTAKER John F Cowan & Son

(Address) 901 Hollins St

20. FILED SEP 24 1938 Huntington Pitts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938, to Sept 23, 1938

I last saw h[illegible] alive on Sept 23, 1938 Death is said to have occurred on the date stated above, at 3:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension.	
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. J. O'Shea M. D.

(Address) 1013 S. St.

N. B.—WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD. ALL INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 50497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50497

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 920 Harlem Ave St. (or Ward) 16-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Fox

If U. S. Veteran specify WAR

(a) Residence 823 Appleton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Celia A. Cox

6. DATE OF BIRTH (month, day, year): May 16, 1871

7. AGE: Years 67 | Months 4 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Cement

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Finisher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Thomas Fox

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Mannigan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Catherine Fox 1503 Fairfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral. Date: Sept 26 1938

19. UNDERTAKER (Address): Rita Wiedefeld 914 Greenmount Ave

20. FILED: Huntington Willis, Registrar

SEP 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above, at Sept 22 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

Kung Fu

Other contributory causes of importance: Mitral Regurgitation

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

Date of onset

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury? Sept 22 1938

Where did injury occur? 1920 Harlem Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Cathedral Church yard

Manner of injury Fall

Nature of injury Crushed Chest Death

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kemp M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50498

HEALTH DEPARTMENT—CITY OF BALTIMORE

50498

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Pine St. St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gianotti

U.S. Veteran (specify WAR)

(a) Residence: No. 234 N. Pine St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (~~Name~~) Josephine Boggio Gianotti

6. DATE OF BIRTH (month, day, year) Aug. 16 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Sept 38

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Antonio Gianotti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lucia Corsano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Angelo Boggia

(Address) 516 N. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 26 1938

19. UNDERTAKER Frank V. Pepitone

(Address) 2815 E. Baltimore St

20. FILED SEP 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4 hrs.
Other contributory causes of importance: Chr Cardio Vascular Disease, Chr Nephritis	3 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams M. D.

(Address) 2360 Eastern Ave Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

50499 HEALTH DEPARTMENT—CITY OF BALTIMORE 50499

CERTIFICATE OF DEATH 82-6 CGK--36668

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ... Ward) Life 27-17

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Keefer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3306 Hayward Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Meadenbridge Mem. Date Sept 26. 1938

19. UNDERTAKER Maund Cook & Yake

(Address) 1601 W. North Ave

20. FILED SEP 24 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23 1938

22. I HEREBY CERTIFY, That I attended deceased from September 9 1938 to September 23 1938.

I last saw her alive on September 23 1938. Death is said to have occurred on the date stated above, at 6.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-9-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. R. De Haultelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH SPACING. INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Viesehon

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50500

CERTIFICATE OF DEATH

F 50500

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Rose Viesehon

(a) Residence: No. 3818 Guyencourt Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 27 1876

7. AGE: Years: 61; Months: 8; Days: 27; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Richard Hessian

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary A. Jones

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mary R. Viesehon

(Address) 3818 Guyencourt Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Sept 26, 1938

19. UNDERTAKER: Harry F. Hancock

(Address) 2224 Edmondson Ave

Filed: Sept 24 1938 H. Walter Williams, M.D. Registrar

SEP 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 12 40 a.m.

	Date of onset
Fracture of left femur	
Other contributory causes of importance: Pulmonary Embolism	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 15, 1938

Where did injury occur? 3818 Guyencourt Ave, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell again a chair and to floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Mann, M. D. Coroner

(Address) 1215 Druid Park Drive

S. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

F 50507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-L F 50501

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 N. Calvert St., St. 12-3 Ward)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hagan McNeill

If U. S. Veteran specify WAR

(a) Residence: No. 2503 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. McNeill

6. DATE OF BIRTH (month, day, year) Mar. 25-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

FATHER

13. NAME Mark Hagan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Ann Finley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Anita McNeill
(Address) 2503 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cemetery Date 9/26/38

19. UNDERTAKER Henry W. Meade & Son
(Address) 805 N. Calvert St.

20. FILED SEP 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938 to September 22, 1938

I last saw her alive on September 22, 1938 Death is said to have occurred on the date stated above, at 7.48 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Sept 21 1938
Other contributory causes of importance:	
Myocarditis	May 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 401 E. 25th St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 9 3

50502

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50502

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Maine Ave 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Owens Wardin

If U. S. Veteran specify WAR

(a) Residence: No. 4304 Maine Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Taylor

6. DATE OF BIRTH (month, day, year) May 17, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired clerk U. S. P. O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila, Pa.

FATHER

13. NAME William H. Wardin

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Annie E. Owens

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Taylor O. Wardin

(Address) 4304 Maine Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Sept. 26 38

19. UNDERTAKER Chas. H. Black

(Address) 742 N. North Ave,

20. Filed SEP 24 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to Sept. 23, 1938

I last saw him alive on Sept. 23 1938 Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocarditis	?
Chronic nephritis	

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Edal, M. D.

(Address) Baltimore Md 3403 Fairmount Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Gfg

F 50503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50503

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 W. Castle St., 8-6 Ward)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Oscar F. Lauerlock

If U. S. Veteran specify WAR .....

(a) Residence: No. 1701 W. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE)~~ Charlotte M. Lauerlock

6. DATE OF BIRTH (month, day, year) July 18, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	2	1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frederick Lauerlock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theadosia Charles

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT (Address) Charlotte M. Lauerlock 1701 W. Castle St.

18. BURIAL, CREMATION, OR REMOVAL Place Fletcher Cemetery Date Sept 24 1938

19. UNDERTAKER (Address) D. A. Covington 21 W. 25th St.

20. FILED ... 19 ... Registrar.

SEP 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1938, to Sept 19, 1938

I last saw h... alive on Sept 19, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Aortic Heart disease 3 yrs.	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Nature of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Isaac Fisher M. D.

(Address) 1823 N. Mount St.

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50504

CERTIFICATE OF DEATH

V 157-L

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St. (Ward) 12-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bernard Sutton

If U. S. Veteran specify WAR

(a) Residence: No. 2321 Barclay St., H Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/16/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Sutton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elsie Rouse

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Parents (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date Sept 26 1938

19. UNDERTAKER Mary M. Wedefield & Co. (Address) 501 E. Fayette St.

20. FILED SEP 24 1938 Huntington Will (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1938 to Sept 23, 1938

I last saw him alive on Sept 23, 1938 Death is said to have occurred on the date stated above, at 5-40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cong. Heart Disease	Birth
Other contributory causes of importance:	
Bronchitis	9/6/38
otitis media	"

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stiefler Jr. M. D.

(Address) Johns Hopkins Hospital

F. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS P

F 50505 F 50505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Herbert Lippitt

If U. S. Veteran specify WAR .....

(a) Residence: No. Essex Halls St., New York Ward.

(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/1/1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Lippitt

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah Lobis

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

at New York Date 9/27/38 19

19. UNDERTAKER John Sims Son

(Address) 1396 Eutaw St.

20. FILED SEP 27 1938 Washington Hilliard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1938 to Sept. 24, 1938

I last saw him alive on Sept 24, 1938 Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Follicular lymphoblastoma (date of onset indefinite)	
Other contributory causes of importance:	
none	

Was an operation performed? Yes Date of 9/2/38

For what disease or injury? .....

Name of operation biopsy

What test confirmed diagnosis? biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

F. B.—WRITE PLAINLY, WITH INFADINE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50506 F 50506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37065-F

147-47

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jessie Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 417 W. Monument St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irving

6. DATE OF BIRTH (month, day, year) 5-16-1907

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
31 31	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. days work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Jessie Rice

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Mamie Young

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Balto. City Hosp. Records
(Address) Union S. Carolina

18. BURIAL, CREMATION, OR REMOVAL
Union S. Co. Date 9/21 19 38

19. UNDERTAKER Lee G. Kelson
(Address) 132 Pressman St.

20. FILED SEP 24 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 20 1938

22. I HEREBY CERTIFY, That I attended, deceased from Sept 17 1938 to Sept 20 38 19

I last saw her alive on Sept 20 38 19 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular Collapse	

Other contributory causes of importance:

Toxemia of Pregnancy

Was an operation performed? Yes Date of 9-18-38

For what disease or injury? Toxemia of Pregnancy

Name of operation Therapeutic abortion

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Boaftuste, M. D.

(Address) Balto City Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 50507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50507

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4835 Park Heights Ave. St., 27-19 Ward) 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME ELEANORA VICTORIA BETTS

If U. S. Veteran specify WAR .....

(a) Residence: No. 4835 Park Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Harry Betts

6. DATE OF BIRTH (month, day, year) April 10.1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	95	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Petersburgh Russia

FATHER

13. NAME William Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Inloe

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Mr. Harry L. Betts (Son)
(Address) 4835 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Wilmington, Del.
Date Wilgington & Brandywine Cem. 9-26-38

19. UNDERTAKER HENRY SANDER & SONS, INC. Sept 7.
(Address) Baltimore & Broadway.

Huntington Avenue, Md.

20. FILED SEP 24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938, to Sept 23, 1938.

I last saw h[illegible] alive on Sept 23, 1938. Death is said to have occurred on the date stated above, at 5. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	9/21/38
Myocardial degeneration	"
Arteriosclerosis	"

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morgan Miller M. D.

(Address) 4632 Park Hgts Ave

7. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 2208-9

F 50508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

F 50508

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mmmity Hosp St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Brockington

(a) Residence: No. 1708 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20 1938

7. AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mmmity Hosp

FATHER

13. NAME Mitchell Brockington

14. BIRTHPLACE (city or town) (State or country) Hopkins South Carolina

MOTHER

15. MAIDEN NAME Elois Brown

16. BIRTHPLACE (city or town) (State or country) Florence South Carolina

17. INFORMANT Elois Brown

(Address) 1708 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL SEP 24 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ... 19... Registrar

SEP 24 1938

4311 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1938 to 9/21 1938

I last saw her alive on 9/21 1938 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Toxemia of Pregnancy

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Infant

(Signed) Henry F. Ryder, M. D.

(Address) University Hosp.

F 50509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50509

V 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. Ward 9-B)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY BOY OFFER

If U. S. Veteran specify WAR .....

(a) Residence: No. 113 N. BRUCE St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of :

6. DATE OF BIRTH (month, day, year) 9/13/38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME HERBERT OFFER

14. BIRTHPLACE (city or town) (State or country) MD.

MOTHER

15. MAIDEN NAME MARY

16. BIRTHPLACE (city or town) (State or country) MD.

17. INFORMANT HERBERT OFFER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL SEP 24 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED SEP 24 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1938, to 9/22, 1938

I last saw h[illegible] alive on 9/21, 1938. Death is said to have occurred on the date stated above, at 8:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HEMORRHAGIC DISEASE OF NEWBORN	9/13
Other contributory causes of importance: Cerebral Hemorrhage	born

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Henry Haase, M. D.

(Address) Univ. Hospital

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 24 1938

4312

F 50510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50510

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman De Board

If U. S. Veteran specify WAR .....

(a) Residence: No. Federal Hill St., ... Ward. Harford County Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) 6/21/23

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	03	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm Ranch.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Booker De Board

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Annie Grace

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Jarrettsville Cem Date Sept 26 38

19. UNDERTAKER Elkins & Son

(Address) Jarrettsville Md.

20. FILED SEP 26 1938 J. Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4-, 1938, to Sept-24, 1938

I last saw him alive on Sept. 24, 1938 Death is said to have occurred on the date stated above, at 5:15 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Aureus Bacteremia	8.25.38
Pyo-Arthrosis L. Knee, Hip & Elbow & Parotid Gland	
Other contributory causes of importance: Fibro-Perineal Abscess-Left	
Furunculosis!	9-6-38 to 9-25
Was an operation performed? Yes Date of	9-17-38 to 9-22-38
For what disease or injury? Drainage of Pus from	
Name of operation from L. Knee Hip-Thigh-Elbow-Bacteriology	
What test confirmed diagnosis? Was there an autopsy? Yes	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Richard Ferguson, M. D.

(Address) J. H. H.

INSTRUCTIONS.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50511

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospital — Registered No. 186-a

CITY OF BALTIMORE: (No. Bay View St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Seidyman — U. S. Veteran? specify WAR

(a) Residence: No. 147 E. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myra Seidyman

6. DATE OF BIRTH (month, day, year): 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Myra Seidyman (Address) 147 E. Lexington

18. BURIAL, CREMATION, OR REMOVAL: Greenlawn 9/25/38

19. UNDERTAKER: Clark Colvin Inc (Address) 1439 E. Baltimore St

20. FILED: Hampton Williams, Registrar — SEP 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

find the said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Sept 1938
Cerebral Hemorrhage	Sept 1938

Other contributory causes of importance: Fractured left femur — Sept 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 4, 1938

Where did injury occur? City Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Hospital

Manner of injury: Fell off Chair

Nature of injury: Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

V. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50512

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Purcival Snyder

If U. S. Veteran specify WAR

(a) Residence: No. 6 E. Union Avenue, Canal Bank N. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Mrs William P. Snyder

6. DATE OF BIRTH (month, day, year) August 7 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lecturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Jersey
(State or country)

FATHER

13. NAME Wm. U. Wesley Snyder

14. BIRTHPLACE (city or town) New Jersey
(State or country)

MOTHER

15. MAIDEN NAME Mrs Sybil Purcival

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Howard T. Snyder
(Address) Union Memorial Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Somerville N.J. Date Sept 26 1938

19. UNDERTAKER Thos. Scudieri & Sons
(Address) 1502 Eastern Place

20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1938, to September 24, 1938

I last saw h[im] alive on Sept 21 1938, 1938. Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Sept 24 38
Cardiac Failure	Sept 24 38

Other contributory causes of importance:

S/P Total Gastrectomy with Gastro Enterostomy	9/38

Was an operation performed? Yes Date of 9/14/38

For what disease or injury? Ulcers and Gastric Cancer Stomach

Name of operation Sub Total Gastrectomy with Gastro Enterostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Peter C. Crawford M. D.

(Address) Union Memorial Hospital

N

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50513

CERTIFICATE OF DEATH

F 50513

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 Huntingdon Ave. Ward 47-7)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Welsh

If U. S. Veteran specify WAR (Civil, Spanish, World War I or II) Civil

(a) Residence: No. 2141 Huntingdon Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Frank V. Welsh

6. DATE OF BIRTH (month, day, and year) Don't Know

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Mar 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Frank V. Welsh

(Address) 2141 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Manle Date 9/26 1935

19. UNDERTAKER Wm Cook

(Address) 217 E Paul St

20. FILED ... 19 ... Registrar.

SEP 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to Sept 23 1935

I last saw her alive on Sept 23 1935. Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of both breasts	1934
Other contributory causes of importance	

Was an operation performed? Yes Date of 1934

For what disease or injury? Cancer

Name of operation Removal of breasts

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Pearce M. D.

(Address) 2405 Charles St

H

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50514

46-E

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 914 Homestead St. Ward)
Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Thomas Smith
(a) Residence: (No. 914 Homestead St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

H. U. S. Veteran (specify WAR) No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of Emma M.

6. DATE OF BIRTH (month, day, year): Apr 1-1862

7. AGE: Years 76 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wagon Dryer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Co Md.

FATHER
13. NAME: J. Smith
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (City or town) (State or country): "

17. INFORMANT (Address): John H Smith 914 Homestead

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltp Date: Sept 27th 1938

19. UNDERTAKER (Address): William Croft 1217 St Paul St.

20. FILED SEP 25 1938 Huntington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH 1240 PM

21. DATE OF DEATH (month, day, year): Sept. 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1938 to Sept 23 1938

I last saw him alive on Sept 23 1938. Death is said to have occurred on the date stated above, at 1240 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	Not Known
Other contributory causes of importance: Myocardial insufficiency	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. A. Pillsbury M. D.

(Address) 415 Cedarcroft Rd.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50515

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital, Baltimore — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 7 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Starr — If U. S. Veteran, specify WAR Civil Record

(a) Residence: No. 512 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Rice Starr

6. DATE OF BIRTH (month, day, year) June 2, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gilman School, Baltimore

10. Date deceased last worked at this occupation (month and year) Sept 24 1938

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Starr

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Rice

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Catherine Strohecker (Address) 512 N. Luzerne St. (daughter)

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Govans Date Sept 27 1938

19. UNDERTAKER Tom Cook (Address) 219 St Paul St

20. FILED ..... 19... Registrar.

SEP 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Sept 24, 1938

I last saw him alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 7:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Sept 24 1938
Congestive heart failure	" "
Arteriosclerotic cardiovascular disease	2-3 years

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Dwight Cooper, M. D.

(Address) .....

1. WHITE PENCIL WITH UNIFORM INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50516 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50516

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Parkwood Ave St. Ward)

Registered No. 493-431

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie K. E. Pope

If U. S. Veteran specify WAR Civil Record

(a) Residence: No. 2501 Parkwood Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Pope

6. DATE OF BIRTH (month, day, year) July 15th 1853

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
85	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sick

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Elvin Powley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Myra Knight

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maude E. Hoffman

(Address) 2502 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 26th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Sept 25 1938 Registrar

SEP 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938, to Sept 23 1938

I last saw her alive on Sept 23, 1938. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Pulmonary Renal	Chronic
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred B Pope M. D.

(Address) 2501 Penn. Ave

INSTRUCTIONS.—This certificate should be filled out with the information required by the Department of Health. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H

F 50517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50517

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. Woodington Rd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna B. Klasmeier

If U. S. Veteran specify WAR No Record

(a) Residence: No. 700 N. Woodington Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Harry V. Klasmeier

6. DATE OF BIRTH (month, day, year) Sept 5th 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew Fritz

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie B. Wagner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry V. Klasmeier

(Address) 700 N. Woodington Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross M.G. Potters Sept 26th 1938

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED SEP 27 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1938 to Sept 23 1938

I last saw h/W alive on Sept 23 1938. Death is said to have occurred on the date stated above, at 6.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	9/18
Other contributory causes of importance: Chronic Valvular heart dis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ernest F. Kahn, M. D.

(Address) 1735 Poplar Gr. St.

V89

14

F 50518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50518

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 W. Lanvale St. Ward) 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta D. King

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2506 W Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Lucien M. King

6. DATE OF BIRTH (month, day, year): Mar 3-1854

7. AGE: Years 84 | Months 6 | Days 21 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: William Gibson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Isabelle Jones

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Nelson Dickinson 2506 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL: Interment Loudon Park Cem. Date Sept 26 1938

19. UNDERTAKER (Address): Williams Cook 1217 St Paul

20. FILED SEP 25 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH 2:PM

21. DATE OF DEATH (month, day, year): Sept 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1938 to Sept 24 1938

I last saw her alive on Sept 24 1938 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1928
Cerebral hemorrhage	9/13/38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Emmett L. Todd, M. D.

(Address) 735 N. Eutaw St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50519

92-2 cc 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 6722 Youngstown Ave St., 26-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

U.S. Veteran (Civil) WAR

2. FULL NAME John Dombrowski

(a) Residence: No 6722 Youngstown Ave St., Graceland Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Dombrowski

6. DATE OF BIRTH (month, day, year) Dec 9-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-3 years past. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John A. Dombrowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonia Swiatkowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Jennie Bartosz Daughter

(Address) 6722 Youngstown Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 9/26/38

19. UNDERTAKER M. F. Sodaski & Sons

(Address) 1808 Eastern Ave.

20. FILED Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Explosion	Month
Valvular heart disease	2 years
Other contributory causes of importance: Cerebral Attack, Hemiplegia	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. At F should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P25000

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50520 — 349289 — F 50520

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 23

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9/12 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Vernon Nash. If U. S. Veteran specify WAR .....

(a) Residence: No. 826 Rutland Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/6/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	17	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Nash

14. BIRTHPLACE (city or town) (State or country) 2

MOTHER

15. MAIDEN NAME Alice Whita

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place W. H. Cahoon Cem. Date 9-26-38

19. UNDERTAKER Byron Thomas & Wright (Address) 1218 Bc Eldersleet St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to Sept 23, 1938

I last saw him alive on Sept. 23, 1938. Death is said to have occurred on the date stated above, at 2.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	7/24/38
Pulmonary tuberculosis	1937
Other contributory causes of importance:	
Tuberculosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. E. Laplace Jr. M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50521
351004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50521

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-5 82-a St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Porter

If U. S. Veteran specify WAR .....

(a) Residence: No. 126 N. Bond St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 12/18/05

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. day worker
10. Date deceased last worked at this occupation (month and year) 9/38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER
13. NAME Caddie Jenkins
14. BIRTHPLACE (city or town) (State or country) Va.

FATHER
15. MAIDEN NAME Elizabeth Forde
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 9-26th 1938

19. UNDERTAKER Byrd Mamie H Wright
(Address) 1218 N Eldersly St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-1 1938 to Sept-22 1938
I last saw her alive on Sept 22 1938 Death is said to have occurred on the date stated above, at 405 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-arachnoid hemmorhage	9/20/38
Other contributory causes of importance	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Roger B. Scott M. D.
(Address) Johns Hopkins Hosp.

SEP 25 1938

V9 P

F 50522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50522

CERTIFICATE OF DEATH

#35996 JS

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Jones

If U. S. Veteran specify WAR

(a) Residence: No. 318 W. Preston St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lewis Jones

6. DATE OF BIRTH (month, day, year) 2-2-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	9 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ervin Trust

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Merinda Linwood

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept. 26 1938

19. UNDERTAKER Mrs. George W. Holland

(Address) 1631 Druid Hill Ave

20. FILED ... Registrar

SEP 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21 1938

22. I HEREBY CERTIFY, That I attended deceased from August 10 1938 to September 21 1938

I last saw her alive on September 21 1938. Death is said to have occurred on the date stated above, at 2.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. DeSantolo M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H

F 50523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50523

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 St. E-1 Ward) Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida May Jones

If U. S. Veteran specify WAR

(a) Residence: No. 3140 Ravenwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George M. Jones

6. DATE OF BIRTH (month, day, year) June 7th. 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Raymond Jones
(Address) 3140 Ravenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 26/38

19. UNDERTAKER Leonard J. Peck
(Address) 5303 York Road

20. FILED SEP 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22/38

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938 to Sept 22, 1938

I last saw he alive on Sept. 22, 1938 Death is said to have occurred on the date stated above, at 12.35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic, Arteriosclerosis	6 mo
Mitral regurgitation	6 mo
Cerebral Hemorrhage	12 hrs
Diabetes Mellitus	6 mo
Other contributory causes of importance	
Chronic Interstitial Nephritis	6 mo

Was an operation performed? no Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in following:
Accident, suicide, or homicide? Date of injury

Where did injury occur?
(Specify city or town, county)
Specify whether injury occurred in industry, in home, or public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. F. A. Storms M. D.

(Address) 2878 Hartford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14

Dr. Paul Schreiber, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50524

CERTIFICATE OF DEATH

F 50524

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Monthilia St. 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Harry Gault

(a) Residence: No. 1706 Monthilia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Margaret A. Gault

6. DATE OF BIRTH (month, day, year) Feb 1st 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Gaulet

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Bridget O'Brien

16. BIRTHPLACE (city or town) (State or country) Ire.

17. INFORMANT Mrs. Margaret A. Gault
(Address) 1706 Monthilia

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date Sept. 26 38

19. UNDERTAKER John A. Hagan
(Address) 3000 E. Baltimore St.

20. FILED ..... 19..... Registrar

SEP 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23/38

22. I HEREBY CERTIFY, That I attended deceased from July, 1935 to Sept 23, 1938

I last saw h.. alive on Sept 22, 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9/23/38
Other contributory causes of importance, Cerebral Arterio Sclerosis	1935
Contusion Scalp - face - on steps	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Fritz J. Kinzer, M. D.

(Address) 2780 Hartford Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3-38

14

W/F

HEALTH DEPARTMENT—CITY OF BALTIMORE

50525

CERTIFICATE OF DEATH

F 50525

122-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 2 mos. 7 ds.

2. FULL NAME Miss Gertie Elizabeth Fowler

If U. S. Veteran specify WAR NONE

(a) Residence: No. 703 E St. Spruce St. City St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of : Single

6. DATE OF BIRTH (month, day, year) July 6 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Potomac Co. Maryland

FATHER

13. NAME Wm Wilson H Fowler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emeline V Redding

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr A Earle Fowler

(Address) 703 E St Spruce St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 26 1938

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED SEP 26 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from September 19 38 to September 23 19 38

I last saw h[illegible] alive on [illegible] 19 38. Death is said to have occurred on the date stated above, at 2-45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right lung	9/21/38
Intestinal Obstruction	9/23/38
Other contributory causes of importance:	

Was an operation performed? Yes Date of September 23 1938

For what disease or injury? Intestinal Obstruction.

Name of operation Posterior Gastro-Enterostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert C. Crawford M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30526

CERTIFICATE OF DEATH

V + 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Irma E. Grove

(a) Residence: No. # 1 Montrose Av. Garrison, Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. Grove

6. DATE OF BIRTH (month, day, year) Nov. 7, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Stuart Wantz

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Ida. E. Phillips

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. H. Grove

(Address) # 1 Montrose Av. Garrison Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 26 1938

19. UNDERTAKER Geo. Byers.

(Address) 3312 W. Baltimore

20. FILED 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1938

22. I HEREBY CERTIFY, That I was [illegible] of the [illegible] described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Sept. 22, 1938 19

Where did injury occur? Reisterstown Rd. Garrison Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury

Nature of injury Struck by auto while crossing road

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 3315 Reisterstown Rd

SEP 26 1938

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50527 F 50527

CERTIFICATE OF DEATH

J 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-K Ward)
1 2

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. — mos. 19 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Harry L. Stiver (Anna) If U. S. Veteran specify WAR

(a) Residence: No. 203 W Maine Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State) Waynesboro, Penna.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Harry L Stiver Wife

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Mr Silas Dukehart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Anna Warner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. J. N. Dukehart
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Waynesboro Pa, Date Sept 27, 1938

19. UNDERTAKER Walter J. Brown
(Address) Waynesboro, Pa.

20. FILED SEP 26 1938, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, 19 to Sept 25, 1938, 19

I last saw her alive on Sept 25, 1938. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyuria, Carcinoma Uteri	May 1938
Cystitis	Aug. "
Heart failure.	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 12.

For what disease or injury? Possible carcinoma

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Mahon Kurtz III, M. D.

(Address) Union Memorial Hospital

V-3961

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50528

351012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50528

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 7-5 V 121

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 43 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Glassman

If U. S. Veteran specify WAR .....

(a) Residence: No. Belair St., ... Ward. Harford Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/9/27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. public school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles W. Glassman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Burchett

16. BIRTHPLACE (city or town) (State or country) N.B.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL Churchville Harford Co. Date Sept 27 1938

19. UNDERTAKER Harry Jones

(Address) Aberdeen, Md

20. Filed SEP 26 1938 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-1, 1938, to Sept-24, 1938

I last saw her alive on Sept-24, 1938. Death is said to have occurred on the date stated above, at 12.02 a.m. mid night

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute perforated appendicitis	8/20/38
Generalized peritonitis	8/22/38
Acute intestinal obstruction	9/16/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/1/38

For what disease or injury?

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

V0 B

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

F 50529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50529

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Krayer

If U. S. Veteran specify WAR

(a) Residence: No. 119 1st Ave. St., Ward. Pittsburg, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Coss Krayer

6. DATE OF BIRTH (month, day, year) Sept. 13, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	00	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0071

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 5-19-38

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Erie Pa.

FATHER

13. NAME William Krayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Secress

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records- U.S.Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Sept. 26, 1938

19. UNDERTAKER E. Leroy S. Gilley, Inc.
(Address) 925 E. Monument

20. FILED 19 Registrar

SEP 26 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1938 to September 22, 1938.

I last saw h. im alive on September 22, 1938 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of sigmoid	Nov. 1937
Other contributory causes of importance:	

Was an operation performed? yes Date of 7-8, 7-11, 8-12-38

For what disease or injury? Carcinoma, adeno

Name of operation Colostomy, sigmoid; cauterization of colostomy; alcohol inj. spinal.

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. M. H. a dem, M. D.

(Address) U.S.Marine Hospital, Balto. Md.

HLW/g

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50530 Mariah Jones F 50530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 120

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 917 N. Eutaw St. Maria Jones Ward 11-4)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mariah Jones
If U. S. Veteran specify WAR

(a) Residence: No. 930 Mobile St. 930 Baltimore Ave Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race C
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/20-1861

7. AGE Years 77 Months 5 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

FATHER
13. NAME Sol Jones
14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

MOTHER
15. MAIDEN NAME Lucy Sandy
16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

17. INFORMANT Lucy Jones
(Address) 917 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 9/27 1938

19. UNDERTAKER Charles H. Cooper
(Address) 514 N. Calhoun St.

20. FILED SEP 26 1938 Huntington Hillegeist Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/23 1938 to 9/25 1938
I last saw her alive on 9/23 1938
to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer Pelvis

Other contributory causes of importance:
Dysentery Yes
Cato called Dr. Yeats

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. Lee Taylor M. D.
(Address) 52 Mosher

F

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GKG

E 50531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50531

V 124-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 2000 Fayette St., W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Helldorfer

(a) Residence: No. 2744 St. Paul St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna Helldorfer

6. DATE OF BIRTH (month, day, year) 10-17-68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Sebastain Helldorfer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Heim

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Helldorfer
(Address) 2744 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept 26 1938

19. UNDERTAKER Dell & Butler
(Address) 1901 Eastern Ave

20. FILED SEP 26 1938 Huntington Williams Registrar

BK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1938, to Sept. 23, 1938

I last saw him alive on Sept 23, 1938. Death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal Disease	
Other contributory causes of importance: Cirrhosis of liver	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. W. Broillet M. D.

(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Elizabeth E Trammell

F 50532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50532

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Emans Hospital (St.) (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth E Trammell
U. S. Veteran
specify WAR

(a) Residence: No. Hanover Square St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertrand E Trammell

6. DATE OF BIRTH (month, day, year) Feb 22, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Pa.

FATHER
13. NAME Charles Arndt
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bertrand Trammell
(Address) Hanover Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hill Cem Date Sept 28 1938

19. UNDERTAKER Cessna & Son
(Address) Howard & Franklin Sts

20. FILED SEP 26 1938 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry) Decision and from the evidence [illegible] find that said deceased came death on the day stated above. 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of ?
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Mann M. D.
(Address) 215 Hanover Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50533

HEALTH DEPARTMENT—CITY OF BALTIMORE

50533

CERTIFICATE OF DEATH

37211 JS

1-5 9-4-38

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James High

If U. S. Veteran specify WAR

(a) Residence: No. 2103 Park Pl., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. High.

6. DATE OF BIRTH (month, day, year) 7-17-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrican

10. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John H. High,

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Elizabeth Gregory

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) B. V. S. Records

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date SEP 27 1938 19

19. UNDERTAKER Geo H. Little (Address) 2700 Edmondson Ave

20. FILED SEP 26 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24 1938

22. I HEREBY CERTIFY, That I attended deceased from September 20 1938 to September 24 1938

I last saw him alive on September 24, 1938. Death is said to have occurred on the date stated above, at 4.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	August 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Sautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

L&D

50534

HEALTH DEPARTMENT—CITY OF BALTIMORE

50534

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Res. Balto. Gen. Hosp. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Schoendradt

If U. S. Veteran specify WAR

(a) Residence: No. 1706 Hanover St. Ward.

(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Schoendradt

6. DATE OF BIRTH (month, day, year) Aug 2 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	00	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Karl Schoendradt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Michel Michels

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Geo Schoendradt

(Address) 1654 Hanover St

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cem Date 9-26 1938

19. UNDERTAKER Mrs Chas A. G Rohde

(Address) 2327 Edmondson Ave

20. FILED 19 Registrar

SEP 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereof, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 11 30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	
Hem. & Shock	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/22. 1938

Where did injury occur? at 5067 Fulton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place outside of the house

Manner of injury fell down stairs, on cement steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Hyde M. D.

Coroner

(Address) 1215 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50535

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. St., 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME HELEN Ruth Soaper SOAPER

If U. S. Veteran specify WAR .....

(a) Residence: No. 2125 Annapolis Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 28th 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dryer Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindle Co

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 5 M

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward W Soaper

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Myrtle M. Yeager

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward W. Soaper

(Address) 2125 Annapolis Road.

18. BURIAL, CREMATION, OR REMOVAL

West Olive Date 9-26 1938

19. UNDERTAKER Bernard C. Karle

(Address) 121 E West St.

20. FILED SEP 26 1938 Huntington Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1938 to Sept. 22, 1938

I last saw her alive on Sept. 22, 1938. Death is said to have occurred on the date stated above, at 8:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, unknown etiology	9-8-38

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. 21, 1938

For what disease or injury? Meningitis

Name of operation Diagnostic Craniotomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arnold H. Eichert M. D.

(Address) South Balto. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

GHG

F 50536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50536

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5106 Belleville St. 26 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Claudia M. Banner

If U. S. Veteran specify WAR

(a) Residence: No. 5106 Belleville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Banner

6. DATE OF BIRTH (month, day, year): Jany. 24 1865

7. AGE: Years 73; Months 8; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year): 55 yrs

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rosenbach Germany

FATHER

13. NAME: Jno. Raffensperger

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mabella Hartman

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Mr. L. Banner

(Address): 3124 Ashburton Blvd

18. BURIAL, CREMATION, OR REMOVAL: Hagerstown

Place: Loudon Park Date: Sept 27 1938

19. UNDERTAKER: Frannie Cook & Lyter

(Address): 1210 W. North Ave

20. FILED: SEP 26 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1938 to Sept 24 1938

I last saw her alive on Sept. 23 1938 Death is said to have occurred on the date stated above, at 7.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina-Pectoris	2 hrs.
Chronic Nephritis	1 year
Diabetes	1 "
Other contributory causes of importance: Diabetes	5 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Schmidt M. D.

(Address) 1605 N. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

50537

HEALTH DEPARTMENT—CITY OF BALTIMORE

50537

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 Longwood St., 27 Ward) Roland Park

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Eugenia Simpson

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 Longwood Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert P. Simpson

6. DATE OF BIRTH (month, day, year) Oct 16 1856

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	81	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Poole

14. BIRTHPLACE (city or town) (State or country) Garland

MOTHER

15. MAIDEN NAME Ann Simpson

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Mrs Louise Poole Sweet

(Address) 62 6th St Garden City L.I.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 27 1938

19. UNDERTAKER Henry W. Rutherford Sons

(Address) 321 Cathedral St

20. FILED ..... 19..... Registrar.

SEP 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Sept 25 1938

I last saw h.. alive on Sept 25, 1938. Death is said to have occurred on the date stated above, at 3 3/4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	2
Other contributory causes of importance: Coronary thrombosis	15 mo

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Ex, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

.....If so, specify .....

(Signed) W H Smith M. D.

(Address) 3429 Chestnut Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50538 CERTIFICATE OF DEATH V 18 F 50538

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Ward) 10-2 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Lunford

(a) Residence: No. 808 Somerset St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or race Cup

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Richard Lunford

6. DATE OF BIRTH (month, day, year) May 31-1911

7. AGE: Years 27 | Months 3 | Days 22-1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.mos) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jeremy Lunsford

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Violet Mulligan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Richard Lunford

(Address) 808 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Sept 26 1938

19. UNDERTAKER W. J. P. & Elliott-Daughter

(Address) 1129 N. Caroline St

FILED SEP 26 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
First - Second, Third degree burn of chest - hips thigh and abdomen	Sept 22 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 22, 1938

Where did injury occur? 808 Somerset St Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fell down stairways with Kerosene lamp, ignited clothes & burned body

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Allen M. D.

(Address) 50 Pleasants St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50539

CERTIFICATE OF DEATH

107-a F 50539

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E 20th St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Beard

(a) Residence: No. 14 E 20th St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Cau

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 24-38

7. AGE: Years | Months: 3 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore md

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore md

FATHER

13. NAME: William Beard

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Ethel Johnson

16. BIRTHPLACE (city or town) (State or country): Franklin Va

17. INFORMANT (Address): Mrs William Beard 14 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem Date: Sept 26 1938

19. UNDERTAKER (Address): A Lochmoller Hafstead 1788 Bond St Balto.

Sept 26 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Sept 21 1938

Other contributory causes of importance: Premature (7 months)

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J. Allen M. D.

(Address) 50 Lafayette St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35566 JS F 50540

F 50540

CERTIFICATE OF DEATH

52-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp'l St. 20-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Szaech

(a) Residence: No. 2661 Dulaney St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-6-1858

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ City Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Date 9/27/38
St Mathews Cem

19. UNDERTAKER John Keenan & Son
(Address) 901 Stevens St

FILED SEP 26 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1938 to 9-24 1938

I last saw him alive on 9-24 1938 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with	?
Hemorrhage from carcinoma	3 days
Other contributory causes of importance:	
arteriosclerosis general	

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Bourne M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50541

CERTIFICATE OF DEATH

√13-B F 50541

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lemmon Apt. 19-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MATTIE DALLAS

If U. S. Veteran specify WAR

(a) Residence: No. 1524 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9, 1938.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Dallas

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Lillian Young

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs William Dallas
(Address) 1524 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 9/26/38

19. UNDERTAKER John J. Conway & Son
(Address) 901 Hollins St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/22, 1938 to 9/24, 1938

I last saw her alive on 9/24, 1938. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	9/19/38

Other contributory causes of importance:
Dyslymatus, Malnutrition, Infant

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Hays, M. D.
(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50542

CERTIFICATE OF DEATH

✓108 F 50542

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 E. Federal St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME Salvatore Rizzo

If U. S. Veteran specify WAR .....

(a) Residence: No. 1706 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carmella Rizzo

6. DATE OF BIRTH (month, day, year) March 27 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruits

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enna Italy

FATHER

13. NAME Carmello Rizzo

14. BIRTHPLACE (city or town) (State or country) Enna Italy

MOTHER

15. MAIDEN NAME Francesca Miano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Carmella Rizzo.
(Address) 1706 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept 27 1938

19. UNDERTAKER Frank Weller & Son
(Address) 52 N. Motley St

20. FILED SEP 26 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1938 to Sept 23 1938

I last saw him alive on Sept 23 1938 Death is said to have occurred on the date stated above, at 7.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Exhaustion

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Luigi L. DiStefano M. D.
(Address) 407 N. Eutaw St

V S 3

This certificate should be carefully prepared. Write plainly with pen and ink. Use only standard abbreviations. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50543 CERTIFICATE OF DEATH √82-a F 50543

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Montague

If U. S. Veteran specify WAR

(a) Residence: No. 1708 Kosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Pace Montague

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. ". Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Whitestone Va Date Sept 28th 1938

19. UNDERTAKER Joseph G. Lively
(Address) 409 N. Howard Street

Registered SEP 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24 1938

22. I HEREBY CERTIFY, That I attended deceased from September 12 1938 to September 24 1938.
I last saw him alive on September 24 1938. Death is said to have occurred on the date stated above, at 5:26 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept. 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of 9-24-38

For what disease or injury? To relieve cerebral hemorrhage

Name of operation Trephine of skull

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. A. C. Lantelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Appolonia M. Eskridge

F 50544 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50544

CERTIFICATE OF DEATH 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Riggs Ave St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Appolonia M. Eskridge

If U. S. Veteran specify WAR

(a) Residence: No. 2921 Riggs 2nd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas R. Eskridge

6. DATE OF BIRTH (month, day, year) Nov. 27, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

MOTHER FATHER

13. NAME John M. Knabe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Machinan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jas Breckenridge

(Address) 2921 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 27 1938

19. UNDERTAKER Bertram W. Gore

(Address) 2224 N. Charles St.

20. FILED SEP 26 1938 Registrar Remington Millspaugh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24. 1938

22. I HEREBY CERTIFY, That I took charge of the remains (hereinafter above), held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 24. 1938

Where did injury occur? 2921 Riggs Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home.

Manner of injury Inhaling gas in kitchen

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 12 S. Howard

INSTRUCTIONS—Information should be carefully supplied in all items, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.6

F 50545

F 50545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 E. Oliver St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME John J. Cronin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 E. Oliver St., .. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of "

6. DATE OF BIRTH (month, day, year) Mar. 11, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas F. Cronin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eunice F. Healy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Eunice F. Cronin

(Address) 1007 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemy Date Sept. 27, 1938

19. UNDERTAKER Edward W. Costello

(Address) 924 Fleet St

20. FILED SEP 26 1938 By Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1938, to Sept. 25, 1938

I last saw him alive on Sept. 23, 1938. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Patent Thymus Gland	birth
Other contributory causes of importance: Diarrhea (Dietary)	2 wks

Was an operation performed? .. Date of ..

For what disease or injury? ..

Name of operation .. Date of ..

What test confirmed diagnosis? PE. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ..

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50546

CERTIFICATE OF DEATH

46-EF 50546

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Cliftwood Ave. Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 2002 Cliftwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. Johnson

6. DATE OF BIRTH (month, day, year) Oct. 12, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Conrad Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Riechner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Anderson
(Address) 2002 Cliftwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 9/26 1938

19. UNDERTAKER John A. Miller
(Address) 2334 Jefferson St.

20. FILED SEP 26 1938 Lexington Mulberry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/20/38, 19, to 9/24/38, 19

I last saw her alive on 9/24/38, 19. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	6 mo
Other contributory causes of importance:	
none	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Hermann, M. D.

(Address) 2913 E Baltimore

Information called for should be carefully supplied. Any unknown or doubtful answer should be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

50547

HEALTH DEPARTMENT—CITY OF BALTIMORE

50547

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Casco

If U. S. Veteran specify WAR .....

(a) Residence: No. 615 West Franklin St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Harry Casco

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Frances Ross

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Harry Casco

(Address) 615 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Sept 26 38

19. UNDERTAKER Albert W. Gregory

(Address) 470 E. North Ave

SEP 26 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-8-38 1938 to 9-25 1938

I last saw her alive on 9-25 1938. Death ~~is said to have~~ occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

Non-Specific diarrhoea — Date of onset 9-2-38

Other contributory causes of importance:

Bronchio-pneumonia, terminal

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) H. M. Wilson, M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50548

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Mt. Hope

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Huber

If U. S. Veteran specify WAR .....

(a) Residence: No. 1500 Madeira St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Gas Engine Room Spruce St

FATHER

13. NAME Fredrich Huber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susana Hammon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jones (Address) 1500 N Madeira St

18. BURIAL, CREMATION, OR REMOVAL Place Moulands Park Date Sept 26th 1938

19. UNDERTAKER Leo F Cook (Address) 1703 N Patterson Park Ave

20. FILED SEP 26 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-17 1938 to 9-24 1938

I last saw him alive on 9-24 1938 Death is said to have occurred on the date stated above, at 12 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchial pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in Home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. F. Hunter 2nd M. D.

(Address) Mt. Hope

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50549

CERTIFICATE OF DEATH

✓ 131 F 50549

Registered No. 26-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3233 Kenyon ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George D. Brotsley

(a) Residence: No. 3233 Kenyon ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma R. Brotsley

6. DATE OF BIRTH (month, day, year): March 26 1870

7. AGE: Years 68 | Months 5 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stewartsville N.J.

FATHER

13. NAME: Jacob Brotsley

14. BIRTHPLACE (city or town) (State or country): N.J.

MOTHER

15. MAIDEN NAME: Amy Dalrymple

16. BIRTHPLACE (city or town) (State or country): N.J.

17. INFORMANT (Address): Emma R. Brotsley 3233 Kenyon ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Parkwood Date: Sept 27 1938

19. UNDERTAKER (Address): A. Howard Evans 1400 Shamrock

20. FILED: Huntington Williams Registrar

SEP 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938, to Sept 24, 1938

I last saw him alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 4 30 A.m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis — Date of onset
Myocarditis
Chronic interstitial nephritis
Coronary Thrombosis

Other contributory causes of importance:

Sinusitis
Bronchitis

An operation performed? no Date of

For what disease or injury? none

Name of operation none Typical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Anderson M. D.

(Address) 3001 Shannon Drive

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50550

CERTIFICATE OF DEATH

F 50550

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-W Ward) 13-B

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Breitschwerdt

(a) Residence: No. Emergency Infirmary, Hosp. St., Ward. A. A. Co., Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 8. 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME John Breitschwerdt

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Mary Wilbur

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dawson Hill Date Sept 26 1938

19. UNDERTAKER Floyd Kaiser Funeral Home

(Address)

FILED SEP 26 1938 Huntington, Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Respiratory Collapse	6 hrs
Dehydration	
Other contributory causes of importance: Acute Fulminating Dysentery	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50551

CERTIFICATE OF DEATH

37269-FS

52-3F 50551

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Hoffman

(a) Residence: No. 2007 McHenry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norma

6. DATE OF BIRTH (month, day, year) 12-15-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown Ulrich

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Balto. City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9-27-38

19. UNDERTAKER Huntington Williams

(Address)

20. FILED SEP 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23 1938

22. I HEREBY CERTIFY, That I attended deceased from September 22 1938 to September 23 1938

I last saw him alive on September 23 1938. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50552

CERTIFICATE OF DEATH

131 F 50552

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3202 Eyesdale Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward A. Kellner

If U. S. Veteran specify WAR

(a) Residence: No. 3202 Eyesdale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed Garage

10. Date deceased last worked at this occupation (month and year) Aug 1938

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward A Kellner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Thiemann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Kellner
(Address) 3202 Eyesdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9-27-38

19. UNDERTAKER C. Siebert & Son
(Address) 3300 Eastern Ave

20. FILED SEP 26 1938 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1938 to Sept 24, 1938

I last saw him alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo. Carditis	about 1-42
Other contributory causes of importance: Chronic Nephritis	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-ray Was there an autopsy? NO

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Signed J. H. L. Valentine M.D. M. D.

(Address) 6 N. Broadway

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50553 F 50553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. ..... St. 6-7 Ward)

Length of residence in city or town where death occurred 74 yrs. 1 mos. ..... dr. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugene Henry

(a) Residence: No. 1227 N. Hay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	W

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Aug 24 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman of 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Acquilo Henry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary J. Medcalf

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Jeannette Bowie 1227 N. Hay St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept 26 1938

19. UNDERTAKER (Address) Henry Lutz 1203 N. Broadway

20. FILED SEP 26 1938 1938 Livingston Millspaugh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-23 - 1938 to 9-24- 1938

I last saw him alive on 9-24 - 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	?
Other contributory causes of importance: Agranulocytosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. F. Henderson M. D.

(Address) Md. Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

va 8

F 50554

HEALTH DEPARTMENT—CITY OF BALTIMORE

50554

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Jefferson St., E-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11/2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Olivia Anderson

(a) Residence: No. 1703 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Anderson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

FATHER

13. NAME Jessie Grimmell

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

MOTHER

15. MAIDEN NAME Eldora Grimmell

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

17. INFORMANT Mrs Carrie Powell

(Address) 1703 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Co Md Date Sept 28 1938

19. UNDERTAKER Mrs Ida Bailey

(Address) 1426 Jefferson St

SEP 26 1938

Huntington Hilliard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1938 to September 24, 1938

I last saw h... alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 4:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Hypertension)	9/24/38
Myocarditis	
Chronic nephritis	

Other contributory causes of importance: Pneumonia of Left leg

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Albert C Grant, M. D.

(Address) 8212 N. Point St.

DOCUPATION is very important. See instructions on back of certificate.

V2 2

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50555

CERTIFICATE OF DEATH

131 F 50555

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Madison Avenue St. 14-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel A.R. Lee

(a) RESIDENCE NO. 2100 Madison avenue St.,

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	A.A.	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Roberta L. Lee

6 DATE OF BIRTH (month, day, and year) May 3, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter, Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B+O

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Josephine Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mrs. Roberta Lee (wife)

(Address) 2100 Madison Ave

15 Filed SEP 26 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23/38

17 I HEREBY CERTIFY, That I attended deceased from 12/7, 1937, to 9/23, 1938, that I last saw h[illegible] alive on 9/23, 1938 and that death occurred, on the date stated above, at 10^00 A.m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardiovascular Renal Disease

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

19 (Address) 1202 Penna Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL Sept 27 1938

20 UNDERTAKER George H. Nelson

ADDRESS 1303 Pennsylvania Ave

Important. See instructions on back of certificates.

F 50556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 625 Ward) 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MALLOY (Malloy) If U. S. Veteran specify WAR

(a) Residence: No. 100 N. BOND St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 9-1938

7. AGE	Years	Months	Days	If LESS than 1 day, 20 hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME Cicero MALLOY

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME HATTIE GRANT

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL SEP 26 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-9-38, 19.., to 8-10-38, 19..

I last saw her alive on 8-10-38, 19.. Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Petechial Hemorrhages Lung	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dougle D. Faulkner M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

P 26 1938

1321 14

F 50557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50557

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. The Johns Hopkins Hospital St., B3-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2502 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) September 15, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Paul Smith

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Bernice Owens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL SEP 26 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED SEP 26 1938 Registrar. Huntington Williams, M.D.

4319

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 15 1938, to September 16, 1938.
I last saw her alive on September 16 1938. Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent ductus arteriosus	

Other contributory causes of importance:
Congenital malformation of lt lung
Pneumonectomy

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Joseph T. Ladehoff, Jr. M. D.
(Address) The Johns Hopkins Hospital

F 50558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50558

CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... Baby Bartel .....

(a) Residence: No. 920 Williams St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) September 13, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 24 hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Bartel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Thelma Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date SEP 26 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED SEP 26 1938, 19... Registrar.

43:20 H

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14 1938

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1938, to September 14, 1938.

I last saw him alive on September 14, 1938. Death is said to have occurred on the date stated above, at 8 45a m.

The principal cause of death and related causes of importance were as follows:

Subtentorial Hemorrhage — Date of onset .....

Other contributory causes of importance:

Difficult Forceps delivery

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph T. Truslow, Jr. M. D.

(Address) The Johns Hopkins Hospital

F 50559

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50559

CERTIFICATE OF DEATH

Registered No. 1579

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., B35 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Owens

(a) Residence: No. Jones Creek, Sparrows Point St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) August 31, 1938

7. AGE	Years	Months	Days	If LESS than 1 day 9 hrs. 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Owens

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Gaydos

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL SEP 26 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ... 19... Registrar.

SEP 26 1938

4318

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1938 to August 31, 1938

I last saw him alive on August 31, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Joseph F. Sedwick Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 50560

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50560

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 283-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Merritt

(a) Residence: No. 6704 Railway Ave: Dundalk St., ... Ward.

(Usual place of abode) md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) August 27, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
			1 hrs. 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Russell Merritt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Pfisterer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date SEP 26 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED Huntington Station, N.Y. Registrar.

4317

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1938 to August 27, 1938

I last saw him alive on August 27, 1938 Death is said to have occurred on the date stated above, at 12:30 p m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

Other contributory causes of importance:

Patent interventricular septum

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Virginia P. Kaderly M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 50561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50561

CERTIFICATE OF DEATH

161-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E Lombard St. St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Horton

(a) Residence: No. 1606 E Lombard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): August 23, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Bryant Horton

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Sarah Velsler

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date SEP 26 1938

19. UNDERTAKER (Address): Commissioner of Health
For H. A. Moore

20. FILED ... 19 ... Registrar.

4316

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1938 to August 24, 1938

I last saw him alive on August 24, 1938 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of the Newborn	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Autopsy

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph J. Vadusky, M. D.

Address Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

50562

HEALTH DEPARTMENT—CITY OF BALTIMORE

50562

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough 2004 Ward) Liberal

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert H. Likes

If U. S. Veteran specify WAR

(a) Residence: No. Marlborough 2004 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Carrie H. Likes

6. DATE OF BIRTH (month, day, year) July 12 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	72	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Adjuster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Likes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lina Rosenthal

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Norman Bleim
(Address) New York.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Rest Haven Cem. Date Sept. 28 1938

19. UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ... 19... Registrar Huntington Williams M.D.

SEP 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938 to Sept. 26, 1938

I last saw him alive on Sept. 26, 1938 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	
Generalized Arteriosclerosis	
Chronic Nephritis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. Wm. Principoff M. D.

(Address) Temple Gardens Apts.

OCCUPATION is very important. See instructions on back of certificate.

153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50563

CERTIFICATE OF DEATH

F 50563

95 B

1. PLACE OF DEATH Jenkins Memorial Hospt.
CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., 10-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick J. Mc. Namara

If U. S. Veteran specify WAR .....

(a) Residence: No. 123 Valley Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick J.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept 27 1938

19. UNDERTAKER Rita Winefield
(Address) 914 Fairmount Ave

20. FILED SEP 26 1938 ..... Registrar.

VR 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 st. 1938 to Sept. 24, 1938

I last saw h~~im~~ alive on Sept 24, 1938 Death is said to have occurred on the date stated above, at 1225 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease with Cardiac Hypertrophy Myocardial failure.

Date of onset 9 21 38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph E. Muse Jr. M. D.

(Address) Jenkins Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

50564

F 50564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 N. Hilton St. 20 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J Donohue

(a) Residence: No. 300 N. Hilton St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M | 4. Color or race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sophia G.

6. DATE OF BIRTH (month, day, year): Oct 27 1888

7. AGE: Years 49 | Months 11 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John T. Donohue

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Flynn

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Sophia G. Donohue
(Address): 300 N. Hilton St

18. BURIAL, CREMATION, OR REMOVAL: Interment
Place: Pikesville Md Date 9/27/1938

19. UNDERTAKER: J. J. Mahan
(Address): 300 N. Eutaw St.

20. FILED: SEP 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 25 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to Sept 25 1938

I last saw him alive on Sept 22 1938 Death is said to have occurred on the date stated above, at 12:45 am.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, Coronary
Coronary occlusion

Date of onset: 1928
9-25-38

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Conrad Acton M. D.

(Address) Medical Arts Building

OCCUPATION is very important. See instructions on back of certificate.

50565 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50565

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 159

CITY OF BALTIMORE: (No.) West Brte Ensor St., 1154 Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. 5 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Smith — If U. S. Veteran specify WAR

(a) Residence: No. 122 Linden Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brte Md

FATHER

13. NAME Chandler Smith

14. BIRTHPLACE (city or town) (State or country) Orange County Va.

MOTHER

15. MAIDEN NAME Audrey Wilberger

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

17. INFORMANT Chandler Smith (Address) 122 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL SEP 26 1938 19 Commissioner of Health Per H. A. Moore

19. UNDERTAKER (Address) Harrington Williams Inc

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1938 to Sept 20 1938

I last saw [illegible] alive on Sept 20 1938 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Prematurity Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred H. Bowen M. D.

(Address) 1000 Baltimore Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

4323 H

50566 F 50566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert Sts. St., 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Trundley

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-21-38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Eustace Becker Trundley

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Brumbaugh

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

17. INFORMANT Eustace Becker Trundley

(Address) 5643 Georgia Ave.

18. BURIAL, CREMATION, OR REMOVAL Interment

Place W. M. P. Date 9/23 1938

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-21 1938 to 9-22 1938

I last saw him alive on 9-22 1938 Death is said to have occurred on the date stated above, at 9:57 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9/21/38
Subarachnoid Hemorrhage.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Franklin McCarty M. D.

(Address) Union Memorial Hospital

DEATH OCCUPATION is very important. See instructions on back of certificate.

26-1938

50567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 50567

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital 5-13 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 5-13 Lenin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of : —

6. DATE OF BIRTH (month, day, year) March 12, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Clarence Johnson

14. BIRTHPLACE (city or town) (State or country) Cardiff, Md.

MOTHER

15. MAIDEN NAME Dorothy Edwards

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School SEP 26 1938

Place ..... Date ..... 19..

Commissioner of Health

19. UNDERTAKER (Address) Per H. A. Moore

20. FILED ..... 19.. ..... Registrar.

SEP 26 1938 Huntington Williams, Jr.

4324 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~Sept. 19,~~ 38 to Sept. 24, 38

I last saw him alive on Sept. 24, 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	9/1/38
Pulmonary Atelectasis	9/15/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Myron G. Tull MD M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

35 1768

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50568 JOHNS HOPKINS HOSPITAL F 50568

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 1579

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby ~~Sister~~ Ahearn

If U. S. Veteran specify WAR .....

(a) Residence: No. Mansfield St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 14 38

7. AGE Years	Months	Days	If LESS than 1 day 10 hrs. 13 min.
	Newborn		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME ~~George~~ John Ahearn

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME ~~Mary Sister~~ Scott

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ..... SEP 23 1938

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED Huntington Williams Registrar

SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14. 1938 to Sept 14. 1938

I last saw him alive on Sept 14, 1938 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9/14/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Stifler M. D.

(Address) E. I.

SEP 23 1938

2309 Waiting for Birth Certificate

OCCUPATION is very important. See instructions on back of certificate.

50569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50569

CERTIFICATE OF DEATH

46-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Aves St 19-3 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth Naomi Mask

(a) Residence: No. 1521 Ramsay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John A. Mask

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Harris

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Frances Guy

16. BIRTHPLACE (city or town) (State or country) Ja.

17. INFORMANT John A Mask
(Address) 1521 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept 28 1938

19. UNDERTAKER Hyam H Wilkie
(Address) 738 Edmondson Ave

20. FILED Huntington Williams, Registrar.

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1938, to Sept 25, 1938

I last saw her alive on Sept 25, 1938. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Bowel infiltration of bladder	9/6/38
Metastasis to lung	
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical + Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John F. Coalahan M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

50570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50570

53-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Arunah Ave. St., 16-5 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie B. Booth

(a) Residence: No. 2304 Arunah Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 19, 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hilton N. Booth

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth A. Owens

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Wm. A. Neal
(Address) 2304 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Time Roseland Cemty, Reedville, Va. 9/27/38

19. UNDERTAKER Harry H. Weitzke
(Address) 401 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25/38

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935 to Sept 25 1938

I last saw her alive on Sept 25 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Bladder Urinary)	Prolonged

Other contributory causes of importance .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. R. Worby M. D.

(Address) 1403 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50571 F 50571

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy L. Kirkner

(a) Residence: No. 3102 Mareco Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced (or) WIFE of Edward G. Kirkner

6. DATE OF BIRTH (month, day, year) Aug. 27th 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cristfield Md.

FATHER

13. NAME George C. Somers

14. BIRTHPLACE (city or town) (State or country) Cristfield, Md.

MOTHER

15. MAIDEN NAME Cecie M. Howard

16. BIRTHPLACE (city or town) (State or country) Cristfield Md.

17. INFORMANT Edward G. Kirkner

(Address) 3102 Mareco Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Ceme. Date Sept. 28, 38

19. UNDERTAKER Henry Sander & Son, Inc.

(Address) Baltimore St. & Broadway

20. FILED SEP 27 1938 H. Tipton Hill Registrar

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1938, to Sept. 25, 1938

I last saw h. alive on Sept. 25, 1938 Death is said to have occurred on the date stated above, at 9.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis, type undetermined	9/9/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Myron G. Tull, M.D. M. D.

(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50572 CERTIFICATE OF DEATH ✓ CCK --36899 F 50572

Registered No. 14346-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Busch

(a) Residence: No. 2053 Division St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lottie

6. DATE OF BIRTH (month, day, year) 3-9-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jennie Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept. 28 1938

19. UNDERTAKER Jno. George H. Stolland

(Address) 1631 Druid Hill Ave

20. FILED SEP 27 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-11 1938 to 9-24 1938

I last saw him alive on 9-24 1938 Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomas of stomach with Metastasis	?
Other contributory causes of importance:	
Urethral stricture	?
Memory retention	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Bourne M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

V0 3

Woolford

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50573 CERTIFICATE OF DEATH ✓ 93-C F 50573

1. PLACE OF DEATH Good Shep Hospital

CITY OF BALTIMORE: (No. 1512 Eutaw St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Woolford

If U. S. Veteran specify WAR

(a) Residence: No. 628 Carrollton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Woolford

6. DATE OF BIRTH (month, day, year) 67 Y

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Gordan Brewer

14. BIRTHPLACE (city or town) (State or country) Chas Co Md

MOTHER

15. MAIDEN NAME Caroline Henderson

16. BIRTHPLACE (city or town) (State or country) Chas Co Md

17. INFORMANT Thomas Stevenson

(Address) 1824 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem Date Sept 27 1938

19. UNDERTAKER Mrs. George H. Holland

(Address) 1631 Druid Hill Ave

20. DATE RECEIVED SEP 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Sept 24 1938

I last saw her alive on 9-24-38 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Cardiac decompensation	
Other contributory causes of importance: Pathological fracture of left femur, Hypostasis	2 yrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Foy Kerr M. D.

(Address) 1512 Eutaw

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

VS 3

50574

HEALTH DEPARTMENT—CITY OF BALTIMORE

50574

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 10-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Johnson

(a) Residence: No. 709 Forest St., Ward. D
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. MD.

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Harriett Lee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mamie Lipton (Address) 1624 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 9/27 1938

19. UNDERTAKER Geo. F. Nelson (Address) 1303 Druid Hill Ave

20. FILED SEP 27 1938 Huntington Mills, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1938 to 9/25/38, 19

I last saw him alive on 9/25/38, 19 Death is said to have occurred on the date stated above, at 12 07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Nephritis	9/12/38
2. Chronic Cellulitis of left hand	
3. Gangrene of left little finger	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 9/12/38

For what disease or injury? cellulitis of left hand

Name of operation incision & drainage

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. Harris M.D.

(Address) Provident Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50575

CERTIFICATE OF DEATH

82 W F 50575

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733-Terrell Place St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Sykes

If U. S. Veteran specify WAR

(a) Residence: No. 1733-Terrell Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. (Robinson)

6. DATE OF BIRTH (month, day, year) 6/20/1855

7. AGE Years	Months	Days	If LESS than 1 day XX or min.
83	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waitress Waiter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Anna Hellman

(Address) 1516-N. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 9/28/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1725-Harford Ave.

20. FILED 19 Registrar

SEP 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1938 to Sept 25 1938

I last saw him alive on Sept 25 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
R. Hemaphlegia	
Cerebral Hemorrhg	
Other contributory causes of importance:	
Impermitted Age	

Was an operation performed? not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. O. Carman M. D.

(Address) 1701 N. Carolina ave

OCCUPATION is very important. See instructions on back of certificate.

F 50576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50576

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augusta Cecil Lauer

(a) Residence: No. 5913 Garrison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Lauer

6. DATE OF BIRTH (month, day, year) Feb 13, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cato, Md.

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Cato, Md.

MOTHER

15. MAIDEN NAME Cynthia Schmidt

16. BIRTHPLACE (city or town) (State or country) Cato, Md.

17. INFORMANT (Address) Cecil Lauer 5913 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Date 7/28/31 19

19. UNDERTAKER (Address) Mrs. Mary A. Sawthrop 2639 Rayner Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 50577 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50577

CERTIFICATE OF DEATH 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4430 Maryland Ave. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Rives

(a) Residence: No. 4430 Maryland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Augusta A. Tolly

6. DATE OF BIRTH (month, day, year) Nov. 25, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

FATHER

13. NAME Henry Rives

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Frederika Rombert

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. A. A. Tolly Pers. (Address) 4430 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Reserved Date Sept 27, 1935

19. UNDERTAKER Leslie Lansdowne Inc. (Address) 1701 Pennsylvania Ave.

20. FILED Sept 28 1935 Huntington Williams, Registrar.

2 1538

MEDICAL CERTIFICATE OF DEATH 26

21. DATE OF DEATH (month, day, year) Sept 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935 to Sept 26, 1935

I last saw h alive on Sept 25, 1935. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri-Sclerosis	1934
Other contributory causes of importance: Cerebral Hemorrhage	9/20/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Jenner, M. D.

(Address) 1 W. Preston

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50578

CERTIFICATE OF DEATH

✓ 131 F 50578

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Bethel St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marceline I. Goddard

(a) Residence: No. 405 N. Bethel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Goddard

6. DATE OF BIRTH (month, day, year) 6-4-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. F. Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Grinnage

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Georgia Patterson
(Address) 405 N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Mem. Date 9 27 1938

19. UNDERTAKER Joseph H. Locke Jr
(Address) 132 Lefferson St. Huntington Village, N.Y.

20. FILED SEP 27 1938, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-1938

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1938 to 9/25, 1938

I last saw h.er alive on 9/24, 1938 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chr. myocarditis	?
chr. interstitial nephritis	?
Other contributory causes of importance: arterio-sclerosis	?

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) ..... M. D.

(Address) 1500 E. Madison St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50579 CERTIFICATE OF DEATH √ 131 F 50579

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Chesmont Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Albach

(a) Residence: No. 4007 Chesmont Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced WIFE of Frederick Albach

6. DATE OF BIRTH (month, day, year) July 10 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Weller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Albach

(Address) 4007 Chesmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Sept. 28th 38

19. UNDERTAKER C. Schuman & Son

(Address) 1034 Hanover St.

20. FILED Huntington Hillcrest, Md. Registrar

SEP 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938 to Sept 26, 1938

I last saw h alive on Sept. 25, 1938. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	2 mo
Arteriosclerosis & Hypertension	5 mo
Other contributory causes of importance: Chronic Interstitial Nephritis	5 mo

Was an operation performed? No Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Strauss, M. D.

(Address) 2878 Hartford Rd

50580 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50580

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton L. Biemiller
If U. S. Veteran specify WAR

(a) Residence: No. 9 E. 33rd Ave St., Brooklyn Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily J. Biemiller

6. DATE OF BIRTH (month, day, year) Aug. 24th 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Biemiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Jordon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Emily J. Biemiller Brooklyn Park R.F.D. No.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 29 1938

19. UNDERTAKER (Address) L. J. Sloman & Son 1037 Hanover St.

20. FILED SEP 27 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1938, to Sept 26, 1938.
I last saw h[illegible] alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Aplastic Anemia~~ Aleukemic Leukemia	?

Other contributory causes of importance:
Tissue in ano.

Was an operation performed? yes Date of 9-19-38
For what disease or injury? Tissue in ano.
Name of operation Excision of fissure
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard S. Owens Jr. M. D.
(Address) University Hospital.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50581

CERTIFICATE OF DEATH

✓ 164

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N Dunstan St. 27-12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E Chambers. If U. S. Vet. specify WAR No Record

(a) Residence: No. 116 N Dunstan St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24. 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Dec

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Slate Hamburg & Co

10. Date deceased last worked at this occupation (month and year) 9/24/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Champers

14. BIRTHPLACE (city or town) (State or country) Balt md

MOTHER

15. MAIDEN NAME Emma M Vollman

16. BIRTHPLACE (city or town) (State or country) Balt md

17. INFORMANT J. H. L. Chambers
(Address) 3824 Tudor Arms Apt.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 27th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Huntington Ave Registrar

SEP 27 1938

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Monoxide Gas	
Exhaust from auto.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: ~~Accident~~, suicide, ~~homicide~~

Date of injury Sept 25 1938

Where did injury occur 116 N Dunstan Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home (Garage)

Manner of injury Monoxide Gas from Auto

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.
Coroner

(Address) 6 1/2 W 40

OCCUPATION is very important. See instructions on back of certificate.

50582

HEALTH DEPARTMENT—CITY OF BALTIMORE

50582

CERTIFICATE OF DEATH

36799 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Clara Stepp

(a) Residence: No. 1850 W. Mulberry st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William John Stepp

6. DATE OF BIRTH (month, day, year) Dec. 7, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Joseph Bolrijte

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept 29th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED SEP 27 1938 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1938 to September 26, 1938

I last saw her alive on September 26, 1938 Death is said to have occurred on the date stated above, at 7:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-20-38
Other contributory causes of importance: Cerebral hemorrhage	9-7-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. DeSautelle M. D.

(Address) Baltimore City Hospitals

V0 9

50583

HEALTH DEPARTMENT—CITY OF BALTIMORE

50583

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 Huntingdon Ave Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Lenschow

(a) Residence: No. 2843 Huntingdon Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced: HUSBAND of ~~WIFE of~~ Annie K Lenschow

6. DATE OF BIRTH (month, day, year) June 14-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jos R Ford Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas Lenschow

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Trautwein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eleanor Lenschow (Address) 2843 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Sept 28 1938

19. UNDERTAKER William Doyle (Address) 127 St Paul St

20. FILED ..... 1938 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

I am

21. DATE OF DEATH (month, day, year) Sept 26. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1938 to Sept. 26. 1938

I last saw ~~him~~ alive on Sept. 25. 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage.	9-25-38
Other contributory causes of importance: Old Age	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. C. Burke, M. D.

(Address) Med. Arts Bldg.

50584 F 50584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

OGK--137

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-5 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Puttner

If U. S. Veteran specify WAR No Record

(a) Residence: No. 518 S. Smallwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) 8-28-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ~~Brick layer~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md. a

FATHER

13. NAME Michael Puttner

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Sept 28th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1938 to 9-26 1938

I last saw him alive on 9-26 1938 Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	?
Other contributory causes of importance: arteriosclerosis general	?

Was an operation performed? No Date of no

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Bourne M. D.

(Address) Balto. City Hosp

V0 3

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50585

CERTIFICATE OF DEATH

46-B

F 50585

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 Mosher St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME anna Karch

(a) Residence: No. 2514 Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Joseph Karch

6. DATE OF BIRTH (month, day, year): July 7. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto, Md

FATHER

13. NAME: John Baer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Magdalen Woerner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: E Elizabeth Karch
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date Sept. 28 '38

19. UNDERTAKER: Margaret E. Flynn
(Address) 410 Hamilton Ave

20. FILED SEP 27 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/24/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1/37, 19 ... to 9/24/38, 19 ... I last saw h... alive on 7/24/38, 19 ... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Arteriosclerosis	
Carcinoma of Stomach	

Other contributory causes of importance:

Senility

Was an operation performed? Yes. Date of Feb 1938

For what disease or injury? Carcinoma Stomach

Name of operation Exploratory

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

NO If so, specify .....

(Signed) Jos F Byrne, M. D.

(Address) 3045 Wurtth Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50586 — 173 — F 50586

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital Life 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence (in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Colvin

(a) Residence: No. 1453 Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Wh

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Colvin

6. DATE OF BIRTH (month, day, year): April 9-1908

7. AGE: Years 30 | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer pl*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Colvin

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Alice Smith

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Katherine Colvin

(Address) 1453 Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Sept 28 '38

19. UNDERTAKER: Thos. E. Kalaon

(Address) 1303 Pratt Street, Balto, Md

20. FILED SEP 27 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above; that I held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

Autopsy Autopsy

23. The principal cause of death and related causes of importance were as follows:

Gun shot wound of liver — Date of onset: Sept 25 1938

Other contributory causes of importance:

Was an operation performed? yes — Date of Sept 25-1938

For what disease or injury? Gun shot wound

Name of operation Exploratory — Date Sept 25-38

What test confirmed diagnosis? Autopsy — Was there an autopsy? yes

If death was due to external causes (Homicide, Accident, suicide, or homicide) fill in also the following: Homicide — Date of injury Sept 25, 1938

Where did injury occur? 1453 Parrish St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was shot with bullet

Nature of injury Wound penetrated liver

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. E. Allen M. D. Coroner

(Address) 507 Fairmount St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50587

CERTIFICATE OF DEATH

93-C F 50587

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Wickford Road St. 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Frank R. Smith Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 4401 Wickford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Jack Smith

6. DATE OF BIRTH (month, day, year) June 19, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emma Henny

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Dr. Frank R. Smith Jr.
(Address) 623 W. University Pky.

18. BURIAL, CREMATION, REMOVAL

Place Loudon Park Cem. Date 9/27/38 19

19. UNDERTAKER John A. Little Est.
(Address) 1900 Eutaw Place

SEP 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1938 to Sept. 26, 1938

I last saw him alive on Sept 25, 1938 Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	?
Cardiac Arrhythmia	?
Other contributory causes of importance:	
Coronary Sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Kisner, M. D.

(Address) 12 E. 25th. St.

V8 3

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50588

CERTIFICATE OF DEATH

95-B F 50588

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 N. Bradford St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Bosley Ruhl

(a) Residence: No. 1204 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Ruhl

6. DATE OF BIRTH (month, day, year) October 14 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blue Print

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Gov't

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Washington Ruhl

14. BIRTHPLACE (city or town) (State or country) New Cumberland Pennsylvania

MOTHER

15. MAIDEN NAME Katherine Bosley

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Ruhl
(Address) 1204 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Sept 28, 1938

19. UNDERTAKER Geo Schilling & Sons
(Address) Wash & Lexington Sts

20. SEP 27 1938, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936 to Sept 25, 1938

I last saw h... alive on Sept 24, 1938 Death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 5 1936
Arteriosclerotic Cardiovascular Disease	1936?

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) J. Earl Grossman, M. D.

(Address) 1212 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50589 — CERTIFICATE OF DEATH — (OR--B) F 50589

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-2 Ward) 117-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME [redacted] McClain

If U. S. Veteran specify WAR .....

(a) Residence: No. 715 Greenmount Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-12-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Millersburg, Pa.

FATHER

13. NAME Henry McClain

14. BIRTHPLACE (city or town) (State or country) Sunbury Pa.

MOTHER

15. MAIDEN NAME Katherine Bates

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Sept. 28 1938

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Pa. Aves.

20. FILED Sept 27 1938 Harrington Miller Registrar

VOID

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1932 to 9-26 1938

I last saw him alive on 9-26 1938 Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer with obstruction	?
Other contributory causes of importance: Old Hemoplegia Hypertension	

Was an operation performed? yes Date 9-23-38

For what disease or injury? Pyloric obstruction

Name of operation Gastroenterostomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. L. Bourne, M. D.

(Address) 1001 Cathedral St. City

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50590

CERTIFICATE OF DEATH

93-C F 50590

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Clifton Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hedwig Wisschmeyer

(a) Residence: No. 3811 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Julius Wisschmeyer

6. DATE OF BIRTH (month, day, year): Dec 20, 1866

7. AGE: Years 71 | Months 9 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Carl V. Starkloff

14. BIRTHPLACE (city or town) (State or country): Mannheim Germany

MOTHER

15. MAIDEN NAME: Theresa Lertz

16. BIRTHPLACE (city or town) (State or country): Altstadt Germany

17. INFORMANT (Address): Mr. Henry C. Wisschmeyer 3811 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Cem Date Sept 29 1938

19. UNDERTAKER (Address): Chas Pickup Sons Hotel & Fa Aves

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1923 to Sept 26, 1938

I last saw h[illegible] alive on Sept 2[illegible], 1938. Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis — Date of onset 3 yrs

Chronic myocardial & valvular cardiac disease — 3 yrs

Chronic hypertension — 3 yrs

Other contributory causes of importance:

Cerebral hemorrhage — July 1937

Cerebral hemorrhage — Sept 26 1938

Was an operation performed? ded Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Michel M. D.

(Address) 2401 Edmondson Ave

OCCUPATION is very important. See instructions on back.

VS 3

50591 HEALTH DEPARTMENT—CITY OF BALTIMORE 50591

CERTIFICATE OF DEATH

34-117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St. 17 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Wormley

If U. S. Veteran specify WAR

(a) Residence: No. 544 W. Hoffman St, Ward. Baltimore, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William Wormley

6. DATE OF BIRTH (month, day, year) Feb. 28, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jerome Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna Parker

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Anna Tolbert

(Address) 556 W. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept. 28 38

19. UNDERTAKER Robert E. Williams

(Address) 15 15 McCulloh St

20. FILED SEP 27 1938 Livingston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1938 to Sept. 24, 1938

I last saw her alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 10:05 A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9-17-38
Anemia	8-24-38?
Syphilis	?
Pleuritis	?

Other contributory causes of importance

Was an operation performed? Yes Date of Sept. 15, 1938?

For what disease or injury? Complicated Uterine Fibroid Tumor

Name of operation Supra Vaginal Hysterectomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Lucas, M. D.

(Address) Mercy Hospital

50592 ✓ F 50592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 E. MONUMENT ST. St. 7-1 Ward)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARGARET M. LEBRUN

(a) Residence: No. 2926 E. MONUMENT ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN C. LEBRUN

6. DATE OF BIRTH (month, day, year) JAN. 1 -1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOHN WENKER

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME FREDERICKER STAGMAN

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT JOHN C. LEBRUN (HUSBAND)
(Address) 2926 E. MONUMENT ST.

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART CEM. Date SEPT. 28/38

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST

20. FILED SEP 27 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 38 to Sept 24 1938

I last saw HER alive on Sept 24 1938. Death is said to have occurred on the date stated above, at 3/15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9/24/38
Arteriosclerosis	?
Mitral stenosis	?
Cardiac Hypertrophy	?
Other contributory causes of importance:	
Chronic Nephritis	?
Tuberculous Fibrosis (Healed)	?

Was an operation performed? yes Date of 1932

For what disease or injury?

Name of operation Pan Hysterectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis T. Klines M. D.

(Address) 2623 E. Monument St

50593

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50593

CERTIFICATE OF DEATH

36522 J5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-2 95 B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Hawkins

(a) Residence: No. 630 Greenwillow St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2-2-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Patuxent, Md. Date Sept. 29, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED ..... 19 ..... Registrar

Sept 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25 1938

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1938, to September 25, 1938

I last saw him alive on September 25, 1938. Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart	
Hypertensive disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

50594 ✓ F 50594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 19226-FS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Berner

(a) Residence: No. 610 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-11-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Meister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date SEP 27 1938
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

FILED 27 1938 Registrar

4325 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to September 19, 1938.
That saw him alive on September 19, 1938. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	9-19-38
Arteriosclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

50595

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 50595

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL 4303 RUGBY ROAD St. 27-11 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr. FRANK S. LYNN

If U. S. Veteran specify WAR

(a) Residence: No. 4303 RUGBY ROAD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of CLYDE DAWSON

6. DATE OF BIRTH (month, day, year) Mar 20-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SURGEON

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME WILLIAM LYNN

14. BIRTHPLACE (city or town) (State or country) OHIO

MOTHER

15. MAIDEN NAME MARGARET DANZ

16. BIRTHPLACE (city or town) (State or country) VA.

17. INFORMANT MRS. CLYDE LYNN
(Address) 4303 RUGBY ROAD

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 9-28 1938

19. UNDERTAKER John O Mitchell Funeral Home
(Address) 1521 Eutaw St

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938 to Sept 26, 1938

I last saw him alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
21 Sept 38.	

Other contributory causes of importance:

Use preceding sickness

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carroll Lockard M. D.
(Address) 11 E. Preston St

50596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50596

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4005 Hamilton Ave 27-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie E Finnegan

If U. S. Veteran specify WAR

(a) Residence: No. 4005 Hamilton Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Lawrence V Finnegan

6. DATE OF BIRTH (month, day, year) 12-13-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bessie Reese

(Address) 4005 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 9/28 1938

19. UNDERTAKER Leonard F Keating

(Address) 504 Cathedral St

20. FILED 9/28 1938 Huntington Billings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1/38 19... to 9/25 1938

I last saw her alive on 9/20 1938 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy - Cerebral Hypertension	
Other contributory causes of importance: Cerebral Embolism	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jyak Follin M. D.

(Address) 1503 Harford Rd

50597

HEALTH DEPARTMENT—CITY OF BALTIMORE

50597 23 F 50597

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals - 4940 Eastern Ave. Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Georgia Rist.

(a) Residence: No. 2519 Barclay Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Rist (dead)

6. DATE OF BIRTH (month, day, year) Jan. 25, 1905.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
33	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beautician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Joseph Harrison

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Alverta Parkinson

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hosp. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Date 9/27/38 19

19. UNDERTAKER Leonard Buck
(Address) 5201 Harford Rd

20. FILED ..... Registrar.
SEP 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1938, 19..., to Sept. 26, 1938.

I last saw her alive on Sept. 25, 1938. Death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculsosis	Dec. 1937.
Other contributory causes of importance:	
Nephritis	
Intestinal tuberculosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? sputum Was there an autopsy? no

23. If death was due to external causes (violence), state also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Leo M. Curtis, M. D.

(Address) Baltimore City Hospitals

50598

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50598

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. 21 St. 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maude Steen

If U. S. Veteran specify WAR

(a) Residence: No. 12 E 21 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laurence O. Steen

6. DATE OF BIRTH (month, day, year) Feb. 15 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm Hellman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Laurence Steen 12 E 21 St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood Date 9/28/38

19. UNDERTAKER Leonard J Post

(Address) 5305 Harford Rd

20. FILED Sept 27 1938 Huntington Billingsley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1938 to Sept. 25, 1938

I last saw h... alive on Sept. 25, 1938. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 hrs
Arteriosclerosis	1 yr
Hypertension	
Other contributory causes of importance: Chronic Interstitial Nephritis	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Hemiplegia Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. F. A. Steen M. D.

(Address) 2878 Hartford Rd

F 50599 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50599

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 W. Baltimore St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mauldin David Perine

(a) Residence: No. 1009 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth P. Perine

6. DATE OF BIRTH (month, day, year) February 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pots

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pottery Business

10. Date deceased last worked at this occupation (month and year) September 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomson Parker Perine

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Chase Morrow

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Elizabeth P. Perine

(Address) 1009 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Sept. 28 1938

19. UNDERTAKER [illegible] Howard

(Address) 1006 W. Baltimore St.

20. FILED Huntington Williams, M.D.

SEP 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938 to Sept 25, 1938

I last saw him alive on Sept 25, 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Organic Disease of Heart — Date of onset ?

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Howard M. D.

(Address) 939 W. Fayette St.

50600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50600

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 26-10 Ward)

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Warrener

If U. S. Veteran specify WAR

(a) Residence: No. 3309 Mc Eldria St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 26th 1938

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or 2 min.
		—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Robert Warrener

14. BIRTHPLACE (city or town) (State or country) Glenco Md

MOTHER

15. MAIDEN NAME Catherine Roberta Riter

16. BIRTHPLACE (city or town) (State or country) White Hall Md

17. INFORMANT ~~Husband~~ Father

(Address) 3309 Mc Eldria St.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Lochynvale Date Sept. 28 1938

19. UNDERTAKER Landon M. Bunting

(Address) Sparrows, Md.

20. FILED Sept 28 1938 Huntington Pettigrew, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26th, 1938, to Sept 27th, 1938.

I last saw him alive on Sept 27, 1938. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Atelectasis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. King B E. Seger, Jr. M. D.

(Address) University Hospital

Sept 1938

50601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50601

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Joseph Burke

(a) Residence: No. 1 Washington Ave St., ... Ward. 26 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Feb 5/38

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Michael J. Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Barbara Connolly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT M. J. Burke
(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 29 1938

19. UNDERTAKER Wellington Hamilton
(Address) Laurel Md

20. FILED OCT 29 1938 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Sept 27, 1938

I last saw him alive on Sept 27, 1938. Death is said to have occurred on the date stated above, at 6:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Probable Cerebral Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Chas. H. Thompson, M. D.

(Address) 1 W. Lexington St.

0602 HEALTH DEPARTMENT—CITY OF BALTIMORE 50602

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5219 Reisterstown Rd 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Thomas Irvin Zimmerman

(a) Residence: No. 5219 Reisterstown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa A. Zimmerman

6. DATE OF BIRTH (month, day, year) July 15th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Dealer

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Md

FATHER

13. NAME Bennett Zimmerman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Griffin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosa A. Zimmerman

(Address) 5219 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Cemetery Date Sept 29th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED SEP 28 1938 By Huntington Woods, Reg. Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22 1938 to Sept 27 1938

I last saw him alive on Sept 26 1938 Death is said to have occurred on the date stated above, at 12.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	1938
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Post-

What test confirmed diagnosis? P.E. X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer U. Ward M. D.

(Address) 735 N. Dulton Ave

50603 E 50603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 310 E 26th St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis R. Carroll If U. S. Veteran (Specify WAR or PEACE) No Record

(a) Residence: No. 310 E 26th St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Carrol

6. DATE OF BIRTH (month, day, year) April 29 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Robert Carroll

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Sarah Cross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna S. Carroll
(Address) 310 E. 26th St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 30th 1935

19. UNDERTAKER Wm Cook
(Address) 227 St. Paul St

20. FILED SEP 28 1935 Registrar Washington Williams

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Sept 26

Other contributory causes of importance: Cardiac Decompensation for 3 mo

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph A Crane M. D.
Coroner

(Address) Laurel

50604

HEALTH DEPARTMENT—CITY OF BALTIMORE

50604

CERTIFICATE OF DEATH

Registered No. 8252

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mollie Davidson

(a) Residence: No. 2143 Druid Hill Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 8/10/1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jerry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Oliver

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Country Date Sept 28 1938

19. UNDERTAKER Leo Stafford McCaddin
(Address) 216 McCulloh St.

20. SEP 28 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 28 1938 to September 26 1938

I last saw her alive on September 26, 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-26-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

50605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50605

CERTIFICATE OF DEATH

Registered No. 2331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elias Snowden

(a) Residence: No. 1126 Leadenhall St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Snowden

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Marley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Eliza Snowden
(Address) 1105 Peach St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Branch Date 9/27/38 19

19. UNDERTAKER Isaac L. Downton
(Address) 1021 Montgomery St

20. FILED 19 Thurston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Sept 24, 1938 19

Where did injury occur? Balto. Md.
(Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Trolley Car on Patapsco Ave.

Nature of injury 15w ft. West ov Pennington Av

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. R. Schnur M. D.
Coroner

(Address) 2752 W Lee

V S 6

50606 HEALTH DEPARTMENT—CITY OF BALTIMORE 50606

CERTIFICATE OF DEATH

V 36967--rlp

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Phillip Schoenberger

(a) Residence: No. 1313 S. Clinton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Margaret S. Schoenberger

6. DATE OF BIRTH (month, day, year) 1-28-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	73	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ab'l

10. Date deceased last worked at this occupation: (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lot. dawn Date Sept 29. 1938

19. UNDERTAKER George W. Zirkler

(Address) 1532 E. Lyon St

20. FILED SEP 28 1938 19... Registrar

Huntington Valley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1938 to 9-26 1938

I last saw him alive on 9-26 1938 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with Metastases	?
Gastric Hemorrhage	6 hrs
Other contributory causes of importance: Pyloric obstruction	?

Was an operation performed? yes Date 9-26-38

For what disease or injury? Pyloric obstruction

Name of operation Gastroenterostomy

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Bourne M. D.

(Address) Balto. City Hosp

V0 8

50607

HEALTH DEPARTMENT—CITY OF BALTIMORE

50607

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2149 Eagle St. St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Doran

If U. S. Veteran specify WAR .....

(a) Residence: No. 2149 Eagle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 19, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron-worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Steel Co.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mr. Michael Clark 113 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. Date 9/29/38

19. UNDERTAKER John J. Cowan & Son (Address) 901 Hollins St.

20. FILED SEP 28 1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Sept 26, 1938

I last saw him alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 9:30 m A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kornicki, M. D.

(Address) 193 W Wilkens Ave.

G. G K

H. D. P. 1268-9

50608 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50608

CERTIFICATE OF DEATH V139-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts. St.) 16-3 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Whittington

(a) Residence: No. 1733 Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eugene Whittington

6. DATE OF BIRTH (month, day, year): 6/10/1896

7. AGE: Years 42; Months 4; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Eugene W Whittington 1733 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Auburn Date: 9-29 1938

19. UNDERTAKER (Address): Joseph W Chase & Son 838 N. Gilmor

FILED SEP 28 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938 to Sept 27, 1938

I last saw h er alive on Sept 27, 1938 Death is said to have occurred on the date stated above, at 12 3/4 m.

The principal cause of death and related causes of importance were as follows:

Pt. gunshot abdomen. following plastic pertonitis

Date of onset: Sept 17

Other contributory causes of importance:

Peritonitis: Para-vesical Sept

Name of operation: Drain of Para-vesican Sept Date of 9-17-38

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. McAvoy, M. D.

(Address) 7 Franklin Square Hospital

351946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50609

CERTIFICATE OF DEATH

13-B F 50609

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 17-3 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Brown

(a) Residence: No. 796 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	Infant

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Spring - 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sam Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna McAlister

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Date Sept 28 19 38

19. UNDERTAKER Thos. G. Nelson
(Address) 1203 Pennsylvania Ave

20. FILED Huntington, Williams Co. W. Va.
Registrar.

SEP 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1938, to Sept. 25, 1938.

I last saw him alive on Sept. 25, 1938. Death is said to have occurred on the date stated above, at 1140 P.M.

The principal cause of death and related causes of importance were as follows:

DYSENTERY - (Flexner), Date of onset 9-18-38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Stool Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. m. C. Stafford, Jr. M. D.

(Address) Johns Hopkins Hospital

vo 9

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50610 ✓ 131 F 50610

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 Mount St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs, ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pearl White

(a) Residence: No. 1047 Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced (or) WIFE of Joe White

6. DATE OF BIRTH (month, day, year) Feb 14, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joshua Proter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Carter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Hall

(Address) 1047 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Sawge Md Date Sept 29, 19 38

19. UNDERTAKER Geo. E. Nelson & Sons

(Address) 1312 Pennsylvania Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1938, to Sept 26, 1938

I last saw her alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 11.50 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset June 37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William Fry, M. D.

(Address) 1927 Penna Ave.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50611

CERTIFICATE OF DEATH

✓ 137 F 50611

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-19 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME William Gaither Dixon

(a) Residence: No. 4406 Old York Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Viola Dixon

6. DATE OF BIRTH (month, day, year) Oct. 27, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transit Service

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (City or town) St. Mary's Co. (State or country) Md.

FATHER

13. NAME Joseph Dixon

14. BIRTHPLACE (City or town) [redacted] (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Williams

16. BIRTHPLACE (City or town) [redacted] (State or country) Md.

17. INFORMANT (Address) Wife 4406 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Sept. 29 1938

19. UNDERTAKER (Address) Wm. J. Tackett & Son 1426 N. Pennsylvania Ave.

20. FILED SEP 28 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1938 to Sept. 26, 1938

I last saw him alive on Sept. 26, 1938 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	9-25-38
Pneumonia infection	7-18-38
Prostatitis	9-24-38
Secondary abscess	9-24-38

Other contributory causes of importance: Hypertrophied prostate

Was an operation performed? Yes Date of Sept. 21, 1938

For what disease or injury? Urinary retention

Name of operation Cystotomy & Catheterization

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. H. Lurie, M. D.

(Address) Mercy Hospital Baltimore, Md.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50612

CERTIFICATE OF DEATH

F 50612
Registered No.

1. PLACE OF DEATH,
CITY OF BALTIMORE: (No.) West Balto. Gen. Hospital St. 15 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine M. Brinkley

(a) Residence: No. 1723 N. Monroe St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran
(specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

8a. If married, widowed, or divorced. HUSBAND of (or) WIFE of: Francis T. Brinkley

6. DATE OF BIRTH (month, day, year): April 1854

7. AGE: Years 84 | Months 3 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bordentown N.J.

FATHER
13. NAME: Geo. W. Thompson
14. BIRTHPLACE (city or town) (State or country): N.J.

MOTHER
15. MAIDEN NAME: Martha Pilgrim
16. BIRTHPLACE (city or town) (State or country): N.J.

17. INFORMANT: Mr. Geo. A. Thompson
(Address) Bordentown. N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Sept 28 1938

19. UNDERTAKER: C. T. Hickey & Bro.
(Address) York & Pa. ave.

20. FILED SEP 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 745

	Date of onset
Fracture Right Femur	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? acci. Date of injury 9/17, 1938
Where did injury occur? 1723 N. Monroe St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury Fell down stairs
Nature of injury Fracture hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Kann Coroner M. D.
(Address) 1215 Fairmount Ave.

V 8 6

50613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50613

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 23-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma O'Brien

(a) Residence: No. 519 Sheridan Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter O'Brien

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Jane Kemp

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Rinchle
(Address) 519 Sheridan Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Cem Date Sept 29 1938

19. UNDERTAKER Peter Wendelich
(Address) 91 Gwynn Oak Ave

20. FILED SEP 28 1938 Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938, to Sept 26, 1938.

I last saw her alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. P. Trump M. D.

(Address) St. Josephs Hosp

50614 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50614

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Beech Ave. Ward) 26

Length of residence in city or town where death occurred 56 yrs. ? mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha J. Gorsuch.

(a) Residence: No. 3402 (Usual place of abode) Beech Ave St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard H. Gorsuch

6. DATE OF BIRTH (month, day, year) Jan 6, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William R. Gorsuch

(Address) 3402 Beech Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Pleasant Cemetery Date Sept 29 1938

19. UNDERTAKER Thenwell & Son

(Address) 361-11 Chestnut Ave. Huntington, West Virginia

20. FILED SEP 28 1938 Registrar. GHL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1938 to Sept 26, 1938.

I last saw her alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance: Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Specify)

(Signed) Harry Mossgrabber M. D.

(Address) 3672 Roland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50615

CERTIFICATE OF DEATH

✓174 F 50615

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 11-4 Ward)

• Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Black

(a) Residence: No. 1318 Mc Culloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR or RACE Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 17-1902

7. AGE: Years 35 | Months 10 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME William Black

14. BIRTHPLACE (city or town) (State or country) Chester S C

MOTHER

15. MAIDEN NAME Agnes Hampshill

16. BIRTHPLACE (city or town) (State or country) Spartanburg S C

17. INFORMANT Cora Johnson (Address) 509 Bloome St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 22 1938

19. UNDERTAKER Mrs George E. Ellis (Address) 1651 Druid Hill Ave

SEP 23 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

Adopted by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Lacerated wound Involving Trachea	Sept 18
Acute Bronchial pneumonia	Sept 20 1938

Other contributory causes of importance

Was an operation performed? Yes Date of operation Sept 18-38

For what disease or injury Lacerations

Name of operation Repair of wound Date Sept 18-38

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury Sept 18, 1938

Where did injury occur? 1318 Mc Culloh St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Was cut in neck

Nature of injury Treatment not determined

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo J Allen M. D.

(Address) 507 Aisquith St

V 8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50616

CERTIFICATE OF DEATH

37079--F 50616

11-4 46-S

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Davis

(a) Residence: No. 916 Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia

6. DATE OF BIRTH (month, day, year) 8-16-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher-local

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd places

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizah Jane Hawkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Sept 28 1938

19. UNDERTAKER Mrs. Geo. A. Holland
(Address) 1631 Druid Hill Ave.

20. FILED Sep 28 1938 Huntington Williams, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-16-38, 19..., to 9-26, 1938

I last saw ~~him~~ alive on 9-26, 1938 Death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of unknown origin	?
	years
Other contributory causes of importance: Secondary anemia	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) T. S. Bowers M. D.

(Address) Balto. City Hosp.

35-2082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50617

CERTIFICATE OF DEATH

107-F 50617

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Hyndman Ellis

(a) Residence: No. 2 E 3 Rayson St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Ellis

6. DATE OF BIRTH (month, day, year) 10/24/91

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Cornelius Hyndman

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME Lucy Younger

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 9/29/38 19

19. UNDERTAKER Harry H. Nitzke

(Address) 410 Edmondson Ave

20. FILED SEP 28 1938 19 H. Eugene Tomlinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938 to Sept 26, 1938

I last saw her alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-24-38
Other contributory causes of importance:	
Arteriosclerosis	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Angus B. Scott M. D.

(Address) Johns Hopkins Hosp.

62

50618

HEALTH DEPARTMENT—CITY OF BALTIMORE

50618

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. city Hospitals St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Clay

(a) Residence: No. 110 S. Bethel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 10/17/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	11 9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Newby

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Minerva ?

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sep 30 '38

19. UNDERTAKER Edw J Duffy

(Address) 1000 Brantly ave

Signature

SEP 28 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1938 to September 27, 1938

I last saw her alive on September 27, 1938 Death is said to have occurred on the date stated above, at 9.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-24-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Lee De Saulles M. D.

(Address) Baltimore City Hall

619 351970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50619

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Della Mosea.

(a) Residence: No. 625 N. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alton

6. DATE OF BIRTH (month, day, year) 4/01

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Ca.

FATHER

13. NAME Nelson Baker

14. BIRTHPLACE (city or town) (State or country) N. Ca.

MOTHER

15. MAIDEN NAME Mary Wiggins

16. BIRTHPLACE (city or town) (State or country) N. Ca

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 19

19. UNDERTAKER Edw. A. Watson
(Address) 1000 Broadway

SEP 28 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938 to Sept 27, 1938

I last saw her alive on Sept 27, 1938 Death is said to have occurred on the date stated above, at 6 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis from ruptured appendix	Sept 17, 1938
Other contributory causes of importance: Pyelophlebitis ?	

Was an operation performed? Yes Date of Sept 21, 1938

For what disease or injury? Ruptured appendicitis

Name of operation Appendectomy & drainage

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Emmett Foster M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

✓ F 50620

50620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5700 Belloma ave St., Govans Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Klinke if U.S. War no

(a) Residence: No. 5700 Belloma ave. St., Govans Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Rudolf Klinke

6. DATE OF BIRTH (month, day, year) June 2 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Guido Thurn

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Rudolf Klinke

(Address) 5700 Belloma ave Govans

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date Sept 29 1938

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

Interment Williamsport, Md.

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1938 to Sept. 26 1938

I last saw her alive on Sept. 26 1938 Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tubular Nephritis	Jan 1938
Generalized Edema	Sept. 1938
Other contributory causes of importance:	
Endocarditis	1937

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clark H Berens. M. D.

(Address) 5111 York Road.

✓ F 50621

F 50621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH Franklin Square — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 421-1 St. Ward)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Costa, Joseph

(a) Residence: No. 729 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Costa, Joseph

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dodson, Jane

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Costa, Joseph
(Address) 729 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer cemetery Date 9/29 — 1938

19. UNDERTAKER Chas B Buchadahas
(Address) 625 S. Pacca St

9/30/1938 Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1938 to 9-27 1938

I last saw him alive on 9-27 1938 Death is said to have occurred on the date stated above, at 6.55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea - cause unknown	Aug 1
Bronchial Pneumonia	Aug 26

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. J. Battaglia, M. D.

(Address) Franklin Square Hosp

50622 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 50622

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N Chester St. 6-4 8 Ward)

Registered No. 8 Dca

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bertha L Watson

(a) Residence: No. 232 N Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo B Watson

6. DATE OF BIRTH (month, day, year) Mar 15 1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Battenfield

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Geo E Watson
(Address) 1101 N Collington

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Oct 1 1938

19. UNDERTAKER John Uelrich
(Address) 2000 Pa Ave

20. FILED SEP 28 1938 Washington Millard Neff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1938 to Sept 27 1938. I last saw her alive on Sept 27 1938. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1 yr
Other contributory causes of importance:	
Cerebral Hemorrhage	1 day

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Edward J Boos M. D.
(Address) 2530 E Baltimore

50623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50623

CERTIFICATE OF DEATH

93-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N Chester St., 6-3 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Antonietta Mueller

If U. S. Veteran specify WAR

(a) Residence: No. 403 N Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): Aug 12 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Czechoslovakia

FATHER

13. NAME: Mathias

14. BIRTHPLACE (city or town) (State or country): Czechoslovakia

MOTHER

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Czechoslovakia

17. INFORMANT: Mrs Emma Lydert
(Address) 403 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 1 193

19. UNDERTAKER: John Ulrich
(Address) 2005 Eden

20. FILED SEP 28 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 27 1938, 19

22. I HEREBY CERTIFY That I attended deceased from May 38, 19 to SEP 27 1938, 19

I last saw h.. alive on SEP 27 1938, 19. Death is said to have occurred on the date stated above, at 8:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1 yr.
Other contributory causes of importance: Acute Myocarditis	2 wks.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J Bond M. D.
(Address) 2550 E Baltimore

F 50624

50624 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. 8-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World

2. FULL NAME William J. Boland

(a) Residence: No. 1219 Rutland Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Rudolph F. Boland

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Svitak

16. BIRTHPLACE (city or town) (State or country) Czechslovakia

17. INFORMANT Rudolph Boland

(Address) 3120 Kenyon Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Nat Am Date 9/29/38 19

19. UNDERTAKER Charles E. Schumacher

(Address) 2603 E. Madison St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death in the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures of R. & L. Leg	
Concussion of Brain	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Sept 24, 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Crossing St. at Madison & Chester

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

Coroner

(Address)

V S 6

50625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50625

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles JOHN Breslin

If U. S. Veteran specify WAR —

(a) Residence: No. 4841 Park Heights Ave. St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 9, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	0	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Wayne Breslin

14. BIRTHPLACE (city or town) (State or country) Llewellyn, Pa.

MOTHER

15. MAIDEN NAME Eliz. Tomlin

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mr. Wayne Breslin (Address) 4841 Park Hts.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 9/29 19 38

19. UNDERTAKER Herman Lemmon (Address) 5611 Park Heights

20. 9/30/38 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1938 to Sept. 27, 1938

I last saw h. alive on Sept. 27, 1938 Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute purulent sinusitis, left	9-16-38
Cellulitis left orbit	9-23-38
Other contributory causes of importance:	
Metastatic bilateral pneumonia	9-26-38
Metastatic abscess of arm	9-24-38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Ney M. D.

(Address) Sinai Hospital

14

50626 ✓ F 50626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35a

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1874

CITY OF BALTIMORE: (No. Bay View St., 3[illegible]-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Works — U. S. Veteran (specify WAR)

(a) Residence: No. 106 Commercial St. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Augustus Works

6. DATE OF BIRTH (month, day, year) Sept. 5 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayetteville N.C.

FATHER

13. NAME Robt. Evans

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Elizabeth Murphy

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Augustus Works (Address) 106 Commercial St.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvert Date 28 [illegible] 1938

19. UNDERTAKER Harry Whittle (Address) 1218 N. Eden St.

20. FILED [illegible] 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Cerebral Hemorrhage	2 days
	over 2 years

Other contributory causes of importance: Nephritis, chronic

Was an operation performed? No Date of [illegible]

For what disease or injury? Cerebral Hemorrhage

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N.V. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

0627

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50627

46-C.

CERTIFICATE OF DEATH

1. PLACE OF DEATH Belvedere & Greenspring Aves — Registration No. .....
CITY OF BALTIMORE: (No. Hebrew Home for Aged & Infirm — (If death occurred in hospital or institution give its NAME instead of street and number.)
Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 47 yrs. ... mos. ...
If U. S. Veteran specify WAR

2. FULL NAME Minnie Seigel
(a) Residence: No. Levindale St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Max
6. DATE OF BIRTH (month, day, year): 1870
7. AGE: Years 68; Months; Days; If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: SIGMUND FEINBLATT
(Address) SUPERINTENDENT
18. BURIAL, CREMATION, OR REMOVAL: Randall
Place Hebrew Home for Aged & Infirm — GREENSPRING & BELVEDERE AVES
19. UNDERTAKER: Jos. Rosenthal & Sons Inc.
(Address) 1432 E. Baltimore St.
20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-18 1938 to 9-25 1938
I last saw her alive on 9-25 1938. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	
Other contributory causes of importance:	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Edmund Levin M. D.
(Address) Levindale

50628

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50628

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Whitter Ave St., 5-4 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 66 yrs. ... mos. ...

If U. S. Veteran specify WAR

2. FULL NAME Jennie Hanfson

(a) Residence No. 2020 Whitter Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hess

6. DATE OF BIRTH (month, day, year) Oct 31, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	10	27	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Belle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ida Hanfson

(Address) 2020 Whitter Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 9/29/38

19. UNDERTAKER Jos. Young Inc

(Address) 1437 E. Baltimore St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to Sept 27, 1938

I last saw her alive on Sept 27, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	Months

Other contributory causes of importance

Hypertensive Cardiovascular disease 1937

Generalized carcinomatosis July 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Israel P. Weranski M. D.

(Address) 1410 W. North Ave.

50629 ✓ F 50629

HEALTH DEPARTMENT—CITY OF BALTIMORE

50629

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 Harrison St., 4-1 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Kolker

(a) Residence: No. 18 Harrison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Christian Feuerberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Etta Shame

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 9/28-38
Fort Lauel

19. UNDERTAKER Jack Levis Inc.
(Address) 4396 Park Ave

20. FILED [illegible] Registrar.

SEP 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1938 to Sept 25 1938

I last saw her alive on Sept 24 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency.	Jan 1937
Other contributory causes of importance:	
Hypertension	1932

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.

(Address) 1810 Eutaw Place

50630 E 50630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1806 Morland Ave Ward) 5-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 28 yrs. ... mos. ... ds.

2. FULL NAME Ella Genta Monfried
If U. S. Veteran specify WAR

(a) Residence: No. 1806 Morland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lieberman

6. DATE OF BIRTH (month, day, year)

7. AGE: 56 years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Chaim Sholom Grozen
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Tziza Tucker
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Lieberman Monfried
(Address) 1806 Morland Ave

18. BURIAL, CREMATION, OR REMOVAL: 9-28-38
Date
Cunningham Park Cem Inc
19. UNDERTAKER: 1890 E. Pratt St
(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/23, 1928, to 9/25, 1938

I last saw h[illegible] alive on 9/25/38. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	9/25/38
Coronary Thrombosis	6/23/28
Diabetes Mellitus	1925

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I J Embery M. D.
(Address) 2570 Eutaw Pl

938

✓ F 50631

0631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2427 Maryland Ave (St.) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lulu A. Hancock

(a) Residence: No. 2427 Maryland St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Hancock

6. DATE OF BIRTH (month, day, year) Aug 6 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katie Schneider

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT James Hancock

(Address) 2427 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date Sept 29 1935

19. UNDERTAKER Kuhn

(Address) 23 E Edmondson Ave

20. FILED Sept 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pulmonis	
Myocarditis	4/27/35

Other contributory causes of importance: Asthma for 3 yrs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward Evans, M. D.

Coroner

(Address) Coroner

V S 6

50632 HEALTH DEPARTMENT—CITY OF BALTIMORE 50632

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Bon Secours Hospital
CITY OF BALTIMORE: (No. 2025 W. Fayette St. 26-3 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Annette Brennan

(a) Residence: No. 3338 Dudley Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. John F. Brennan

6. DATE OF BIRTH (month, day, year) Aug. 22, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME James Zak
14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER
15. MAIDEN NAME Frances Lutzenberg
16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT John F. Brennan
(Address) 3338 Dudley ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 1 1938

19. UNDERTAKER Margaret A. Egan
(Address) 1122 Light St.

20. FILED 1938 Huntington Mills, Registrar
SEP 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 1938 to Sept 28 1938
I last saw her alive on Sept 28nd 1938. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis c	Childhood
Auricular Fibrillation c	(1907)
Mitral Stenosis	
Other contributory causes of importance: Cerebral Embolism	3 days ago

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George H. Brouillet M. D.
(Address) Bon Secours Hosp.

50633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50633

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 E. Eager St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Harrison Radcliffe If U. S. Veteran specify WAR .....

(a) Residence: No. 210 E. Eager St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Corrine B. Willey

6. DATE OF BIRTH (month, day, year) Mar. 31 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5	28?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. H. Marshall & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Michaels Md.

FATHER

13. NAME Joseph H. Radcliffe

14. BIRTHPLACE (city or town) (State or country) St Michaels Md.

MOTHER

15. MAIDEN NAME Anna E. Blades

16. BIRTHPLACE (city or town) (State or country) St Michaels Md.

17. INFORMANT Mr. Keith Radcliffe

(Address) 711 McCabe Ave Towson

18. BURIAL, CREMATION, OR REMOVAL

Place St Michaels Md. Date Oct 1 1938

19. UNDERTAKER Henry W. Meads & Son

(Address) 215 E. Eager St

Huntington Williams, Reg.

SEP 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 . 1938

22. I HEREBY CERTIFY, That I attended deceased from January . 1934 to September 28 . 1938

I last saw him alive on September 28 . 1938. Death is said to have occurred on the date stated above, at 11.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease (with hypertension)	3+ years
Other contributory causes of importance: chronic nephritis	1 year

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation None Date of .....

What test confirmed diagnosis? clinical & lab. methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Randall Smith, Jr. M. D.

(Address) 1014 St. Paul St. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50634 ✓ 82-aF 50634

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S Lehigh St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosella Bidwell

(a) Residence: No. 627 S. Lehigh St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Aug 28th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charlottesville Va

FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT: Charles Davis
(Address) 643 S. Lehigh St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 29th 1938

19. UNDERTAKER: Leo G. Groff
(Address) 1703 N Patterson Ave

20. FILED SEP 29 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from 1937 to Aug. 30 1938

I last saw h[illegible] alive on Aug 30 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	11 30 P M
Other contributory causes of importance: Cerebral hemorrhage	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Novak, M. D.

(Address) 101 W. Read St

M. D. B. 1268-9
50635

F 50635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 52 W. Fairmount Ave. 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city [or if not in Baltimore, how long in place where death occurred] ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Jones

(a) Residence: No. 52 W. Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Sarah Jones

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year) 9/35

11. Total time (years) spent in this occupation. 2

12. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

FATHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Undertaker (Address) 52 W. Fairmount St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Sept 30th 19 35

19. UNDERTAKER E. L. Watkins. (Address) 1611 Brantley Ave

20. FILED SEP 30 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 19 35

23. I HEREBY CERTIFY, That I attended deceased from Sept 1 19 35 to Sept 27 19 35

I last saw him alive on Sept 25 19 35 Death is said to have occurred on the date stated above, at 5:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	2 Ds 15
Exposure	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas. T. Schellman M.D.

(Address) 134 W. Lafayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50636

CERTIFICATE OF DEATH

F 50636

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH John Hopkins Hospital

CITY OF BALTIMORE: (No. N Broadway 11-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William Davison Wiglet

(a) Residence: No. 10 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Elsa Groff Wiglet

6. DATE OF BIRTH (month, day, year) March 4th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Distiller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distillery

10. Date deceased last worked at this occupation (month and year) 7/27/38

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hyatt Wiglet

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Alice Davison

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frank L Wiglet
(Address) 3908 N Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Sept 29th 1938

19. UNDERTAKER Henry H. Jenkins Son & Co
(Address) Crained Rd. College Park Huntington Williams, N.Y.

20. FILED SEP 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: General Arterio-sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) Coroner

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50637

CERTIFICATE OF DEATH

V 119 F 50637

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3848 Quarry St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara L. Sheridan

(a) Residence: No. 3848 ~~Baltimore~~ Quarry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas Sheridan

14. BIRTHPLACE (city or town) (State or country) Balt

MOTHER

15. MAIDEN NAME Lillian Cockey

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Charles Sheridan

(Address) 3848 Quarry Ave

18. BURIAL, CREMATION, OR REMOVAL

Burial Edgar Date Sept 29 1938

19. UNDERTAKER Thos. Edwards Son

(Address) 3615 Edmondson Ave.

20. FILED SEP 29 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Contra Colitis — Date of onset 9/24/38

Other contributory causes of importance: Gastritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Craig, M. D. Coroner

(Address) Coroner

V 5 6

638 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50638

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH: Maryland General Hospital
CITY OF BALTIMORE: (No.) St. 11-K Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify Wars. Navy Record

2. FULL NAME Mrs. Sally Bailey Layton

(a) Residence: No. 30 W. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Layton

6. DATE OF BIRTH (month, day, year) Aug. 27, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Wisconsin

13. NAME John Dickens

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Dickens

16. BIRTHPLACE (city or town) (State or country) America

17. INFORMANT George F. Layton
(Address) 30 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 30 1938

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St

20. FILED SEP 29 1938 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/19, 1938 to 9/28, 1938

I last saw her alive on 9/25, 1938. Death is said to have occurred on the date stated above, at 1400 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Thrombosis	
Bronchopneumonia	
(b) Acute Abdominal Distress	
Other contributory causes of importance:	

Was an operation performed? No Date of 9/26/38

For what disease or injury? Cerebral Thrombosis

Name of operation Autopsy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hale Farbrough Jr. M. D.

(Address) Med. Bldg. Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50639

CERTIFICATE OF DEATH

95-B F 50639

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Dotson

(a) Residence: No. 120 N. Jackson Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace W. Dotson

6. DATE OF BIRTH (month, day, year) Jan 24/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~54~~ 54	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) May 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Brant?

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME ~~Hutchinson~~ Anna Meier

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Mt. Carmel Date Sept 29/38

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw St

FILED SEP 29 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-22-38, 1938, to 9-26, 1938

I last saw h[illegible] alive on 9-25, 1938. Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Cerebral Hemorrhage	?

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

0640 F 50640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No. 877

CITY OF BALTIMORE: (No. Bay View St., 807 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Sheatle

(a) Residence: No. 127 N. Washington St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Sheatle (d)

6. DATE OF BIRTH (month, day, year) June 27 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Sheatle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Stanley Schmelz

(Address) Bagley ave Parkville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Oct 1. 1938

19. UNDERTAKER Frederick Lassahn Son

(Address) 7421 Belair Rd Huntington Ridge, Md

20. FILED SEP 29 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest or Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, Both Lungs.	6 years
Arteriosclerosis General	5 years

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Gould st.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50641 CERTIFICATE OF DEATH √48 F 50641

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908-Gibbons Ave. St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Alberts Davis

If U. S. Veteran specify WAR

(a) Residence: No. 2908-Gibbons Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) 10/21/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benj. B. Davis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jane A. Cole

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Capt. Benj. C. Davis
(Address) 2908-Gibbons Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 9/29/38 19

19. UNDERTAKER George J. Roth Inc
(Address) 253 Hanover Ave

20. FILED SEP 29 1938 at Washington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937 to Sept 27th 1938

I last saw her alive on Sept 27th, 1938. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma of Uterus	Feb 1937
Pelvic Cellulitis involved	
Rectal Colon	

Other contributory causes of importance:

Was an operation performed? Yes Date July 5th 1937

For what disease or injury? Uterine Adeno Carcinoma

Name of operation Panhysterectomy

What test confirmed diagnosis? Microscopic there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. J. Roth, Jr. M. D.

(Address) 5706 Loyola Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50642 — CERTIFICATE OF DEATH — 107-a — 37213 JS — F 50642

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 9-e Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Love

(a) Residence: No. 2922 Independence St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Love

6. DATE OF BIRTH (month, day, year) March 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 40 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Oscar Love

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Georgeanna Knight

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Sept. 30, 1938

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.
(Address) North & Pa. Ave.

SEP 29 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1938 to September 27, 1938

I last saw him alive on September 27, 1938. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-24-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50643 ✓ 46-B F 50643

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 W. North Ave (St.) 5-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Webster Bernhardt If U. S. Veteran specify WAR .....

(a) Residence: No. 3016 W. North Ave (St.) ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Andrew S. Bernhardt

6. DATE OF BIRTH (month, day, year): Sept. 16, 1882

7. AGE: Years: 56 | Months: 0 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: James Harrison

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary Ann Baker

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs. Andrew S. Bernhardt

(Address) 3016 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Date Sept 20 1938

19. UNDERTAKER: Old Fellows Picture Undertaking Co

(Address) North & Pa Ave.

20. FILED: SEP 20 1938 E. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1938 to 9/20/38 19.....

I last saw her alive on 9/20/38 19..... Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	6 mos.

Other contributory causes of importance: None

Was an operation performed? Yes Date of Jan 1938

For what disease or injury? Carcinoma

Name of operation Gastro-Enterostomy

What test confirmed diagnosis? ..... Was there an Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Herrman, M. D.

(Address) 2918 E. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50644 CERTIFICATE OF DEATH 121 F 50644

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Charles C. Hirsch

If U. S. Veteran specify WAR

(a) Residence: No. Gilmore Ave. Woodlawn, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B. Hirsch

6. DATE OF BIRTH (month, day, year) April 16, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer and Shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sharpe and Dohme

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Augustus Hirsch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ann Foster

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mrs. Margaret B. Hirsch Gilmore Ave., Woodlawn

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date October 1 1938

19. UNDERTAKER (Address) Wm. J. Tickner and Sons North and Pa. Aves.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1938 to Sept. 28, 1938

I last saw h... alive on 9/28 1938 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus	
Other contributory causes of importance: Bronchopneumonia, Bilateral, diffuse	

Was an operation performed? ~~again~~ Yes Date of

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Sundar M.D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

50645

CERTIFICATE OF DEATH

53-C V F 50645

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Fremont St. 13-3 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da. U. S. Veteran (Specify WAR ...)

2. FULL NAME Frances Alice Bateman

(a) Residence: No. 1935 Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of James A. Bateman

6b. DATE OF BIRTH (month, day, year) Oct 11, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Centreville Md.

13. NAME OF FATHER Wm Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Lucinda Mooney

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

17. INFORMANT Mrs Mae Bateman
(Address) 1935 Fremont St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Oct 1, 38

19. UNDERTAKER Wm J Tiefenthaler Son
(Address) North Ave.

20. FILED SEP 29 1938 Wilmer Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1938, to Sept 25, 1938

I last saw her alive on Sept 25, 1938 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Contributory Cause	
Arteriosclerosis	
Other contributory causes of importance:	
Acute duodenal ulcer	
Cerebral hemorrhage	7 days

Was an operation performed? ... Date of ...

For what disease or injury? No

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edw Smith M. D.

(Address) 1601 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50646

CERTIFICATE OF DEATH

59 F 30646

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Burrow

(a) Residence: No. 621 Gilbert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Burrow

6. DATE OF BIRTH (month, day, year) 7-31-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 97

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Jerry Dickerson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Amanda

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT U. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 9/30 19 38

Place Mt Calvary

19. UNDERTAKER William A Jackson

(Address) 916 Pennsylvania

19 Registrar

FEB 20 1939 Huntington Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1938 to 9-27, 1938

I last saw her alive on 9-27, 1938 Death is said to have occurred on the date stated above, at 4:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	unknown
Gangrene left foot	unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 9-26-38

For what disease or injury?

Name of operation Amputation left Leg

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Litzenberg Jr M. D.

(Address) Balto City Hospt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50647

CERTIFICATE OF DEATH

✓ 95-B

F 50647

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Mullin

If U. S. Veteran specify WAR

(a) Residence: No. 1305 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, ~~widowed, or divorced~~ (or) WIFE of Bernard Mullin

7. DATE OF BIRTH (month, day, year): Dec 15 1874

8. AGE: Years 63; Months 9; Days 12; If LESS than 1 day hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME of Father: Dennis Cahill

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME of Mother: Ely Sullens

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Margaret Mullin

(Address) 1305 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Sept-29 38

19. UNDERTAKER: John A. Moran

(Address) 3000 E. Baltimore St.

20. FILED SEP 29 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938, to Sept 27, 1938

I last saw her alive on Sept 27, 1938. Death is said to have occurred on the date stated above, at 7-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension Heart Disease	?
Other contributory causes of importance: Chronic Bronchopneumonia	5 da

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo Constantine M. D.

(Address) St Joseph Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50648

CERTIFICATE OF DEATH

95-B F 50648

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309-E-33rd St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin F. Wells

If U. S. Veteran specify WAR

(a) Residence: No. 309--E-33rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia Wells dec'd

7. DATE OF BIRTH (month, day, year) 6/15/[illegible]

AGE: Years 89 | Months June 3 | Days 15 13 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baggage manufacturing

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: William Wells

14. BIRTHPLACE (city or town) (State or country): not known

15. MAIDEN NAME OF MOTHER: not known

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Edwin G. Wells

(Address) 309-E-33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore County Date: Sept 30 1935

19. UNDERTAKER: George F. Smith

(Address) 1700 Edmondson Ave

Registrar

Sep 29 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 1935

I HEREBY CERTIFY, That I attended deceased from Sept 15 1933 to Sept 27 1935

I last saw h[illegible] alive on Sept 27 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease	1933
Cerebral Hemorrhage	9 VI 35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) Arthur L. Mitchell, M. D.

(Address) 711 W Mulberry

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50649 ✓ 59 F 50649

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Dorchester Rd 5-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Weisman

(a) Residence: No. 3900 Dorchester Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beulah

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Shneider

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Samuel Weisman
(Address) Parson, W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 9-27-38

19. UNDERTAKER Jos. Louis Levy & Sons
(Address) 1122 E. Baltimore St

20. FILED Registrar 9-27-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28/38

22. I HEREBY CERTIFY, That I attended deceased from December 1936 to September 28 1938

I last saw h alive on September 28 1938 Death is said to have occurred on the date stated above, at 9P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular D.	
a) Coronary Thrombosis	2½ days
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Israel M. D.

9/29/38 (Address) 101 W. Read St.

F 50650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169 F 50650

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St., 24 3 Ward)

Registered No. 1577

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Baker

If U. S. Veteran specify WAR

(a) Residence: No. 08 E. Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry Baker

6. DATE OF BIRTH (month, day, year) Nov. 25-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Clement

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Ann Parker

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. Edward Murray

(Address) 08 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Cedar Hill Cem. Date 10/1 1938

19. UNDERTAKER Margaret G. Flynn

(Address) 2142 N. Gilmor St

Huntington Williams, N.T.

Registrar

SEP 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1938

22. I HEREBY CERTIFY, That I, took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	Sept. 25, 1938
Fracture of femur right	Sept. 25, 1938
Other contributory causes of importance: Melancholia acute	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept. 25, 1938

Where did injury occur? Balto. City Hospital

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Jumped out 3rd Story Window

Nature of injury Fractures as above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50631

CERTIFICATE OF DEATH

36974 (MD) 82-a F 50651

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Infe Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Nora George

(a) Residence: No. 126 W. Burnett St. St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

7. DATE OF BIRTH (month, day, year) 4/30/1889

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Young

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 10/1/38

19. UNDERTAKER Geo C Boyer Jr
(Address) 617 Arlington St Huntington Station, N.Y.

SEP 29 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from September 13 1938 to September 28 1938

I last saw her alive on September 28 1938. Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-25-38
Other contributory causes of importance: Cerebral hemorrhage	9-9-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. de Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

50652

CERTIFICATE OF DEATH

82-W F 50652

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Mc Culloh St 13-3 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sedonia Kennard.

(a) Residence: No. 2323 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert F Kennard.

6. DATE OF BIRTH (month, day, year): September 10, 1869.

7. AGE: Years 69. | Months | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Theodore E. Stanley

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Harriett Gaines

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Florinda E. Kelly

(Address) 2323 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL: Arlington Memorial Park Sept. 29 1938

Place

19. UNDERTAKER: Robert K. Gorsuch

(Address) 802 W. Baltimore St.

20. FILED Sept 28 1938 Hunter for Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14 - 1938 to Sept 26 - 1938

I last saw h[illegible] alive on Sept 26 - 1938. Death is said to have occurred on the date stated above, at 10.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9/27/38
Other contributory causes of importance:	
arterio sclerosis	5 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas J Kelly M. D.

(Address) 222 W. Monument St

352186 50653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME ANNIE CARR

(a) Residence: No. TURNERS STATION St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/20/37

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD.

13. NAME JEFF CARR.

14. BIRTHPLACE (city or town) (State or country) VA.

15. MAIDEN NAME LUCY LANGHORN

16. BIRTHPLACE (city or town) (State or country) VA.

17. INFORMANT RECORDS
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place McKeldin Date Sept 29 1938

19. UNDERTAKER Ballestin Brothers
(Address) 13-15-M-Eddy St

SEP 29 1938 Registrar Wm. H. Taylor-Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 25, 1938 to SEPT. 27, 1938.

I last saw HER alive on SEPT. 27, 1938. Death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:	Date of onset
TUBERCULOUS MENINGITIS	9/11/38
Other contributory causes of importance: CONGENITAL SYPHILIS	BIRTH

Was an operation performed? NO Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? L.P. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. W. DeLaney M. D.

(Address) Johns Hopkins Hospital

GAYKOWSKI

0654 HEALTH DEPARTMENT—CITY OF BALTIMORE B 50654

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Mary Gaykowski

(a) Residence: No. 2025 Fleet St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

7. DATE OF BIRTH (month, day, year) Nov. 1-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Kowoski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Gaykowski

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Rosary Cem. Date Oct 1 1938

19. UNDERTAKER Stephen J. Kolkowski

(Address) 1000 LeMaroon

20. FILED Oct 1 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28- 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-22- 1938 to 9-28- 1938

I last saw h[illegible] alive on 9-25- 1938. Death is said to have occurred on the date stated above, at 7:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dia. Cerebro-Vasc. Accident	9-24-38
Diabetis Mellitus	1935
Chr. Nephritis & Arteriosclerosis	"
Hypostatic Pneumonia	9-25-38

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Sibley M. D.

(Address) St. Joseph's Hosp.

50655
351347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50655

23

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 26-U St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Kaniecki

(a) Residence: No. 816 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin

6b. DATE OF BIRTH (month, day, year): 3/9/04

7. AGE: Years 34; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md.

13. NAME: Paul Klimek

14. BIRTHPLACE (city or town) (State or country): POLAND

15. MAIDEN NAME: MATILDA DRUZD

16. BIRTHPLACE (city or town) (State or country): POLAND

17. INFORMANT: RECORDS
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Interment Oct. 1 1938

19. UNDERTAKER: Stephen J. Fratkowski
(Address) 1002 S. Linwood Ave

20. Filed: 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Sept 27th 1938

I last saw he alive on Sept 27, 1938. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset: Dec 1936

Diabetes mellitus — 1928

Other contributory causes of importance:

Circulatory failure — Sept 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) Roger I. Scott M. D.

(Address) Johns Hopkins Hosp.

0656 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50656

CERTIFICATE OF DEATH

25-4 / 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3566 Hanover St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME May G. Cunningham

If U. S. Veteran specify WAR .....

(a) Residence: No. 3566 Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 16 1887

7. AGE	Years	Months	Days	If LESS than 1 day: ..... hrs. or ..... min.
	50	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westinghouse Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William C. Cunningham

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary E. Leonard

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Catherine Hartlove
(Address) 3566 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Meadow Ridge Date Oct. 1 19 38

19. UNDERTAKER J. Fen. McCully
(Address) 130 E. Fort Ave

20. FILED ..... Registrar
OCT 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st. 1937, 19..., to Sept. 28th., 19 38
I last saw her alive on Sept. 28th., 19 38. Death is said to have occurred on the date stated above, at 11.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal disease with arterial hypertension. Chronic	1929
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If [illegible]

(Signed) Robert O. Johnson M. D.

(Address) 3564 Hanover St., Balto., Md.

50657

HEALTH DEPARTMENT—CITY OF BALTIMORE

50657

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Belt St. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella V Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1529 Belt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Robinson

7. DATE OF BIRTH (month, day, year) May 13 1881

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pasadena Md

13. NAME James B Stinchcomb

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Swann

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs George H. Robinson
(Address) 1529 Belt St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date Sept 30 1938

19. UNDERTAKER William M Mareck
(Address) 713 W 154 St

20. FILED ... Huntington Williams
Registrar

SEP 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938, to Sept 27, 1938

I last saw her alive on Sept 25, 1938. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/13/38
Other contributory causes of importance: Arteriosclerosis	9/26/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

9/28/38 (Signed) H. H. Campbell M. D.

(Address) 1644 Hanover St

50658 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50658

54-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Retta Ford Archer

(a) Residence: No. 5150 Vineyard Ln St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mr William Henry Archer

DATE OF BIRTH (month, day, year) Dec 9, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diner. (1937)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fallston, Md

13. NAME Mr John F. Standiford

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliza J. Clark.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Archer

(Address) Devon Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Oct 1 1938

19. UNDERTAKER Deaver & Fuller

(Address) Belair Md

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/25 1938, to 9/29 1938

I last saw h.er alive on Sept. 29 1938 Death is said to have occurred on the date stated above, at 12:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	9/27/38
Vaginal Hysterectomy	9/26/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/26/38

For what disease or injury? Fibroid Uterus

Name of operation Vaginal Hysterectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert E. Crawford M. D.

(Address) Union Memorial Hospital

50659 F 50659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23109-FS

81 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelio Berardocco

(a) Residence: No. [illegible] St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/23/1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	8	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Mike (d)

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lucy ? (d)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Interred Jewish Cem. 7/27 1938

19. UNDERTAKER John J. Fahey & Sons

(Address) 1310 Light St

20. FILED [illegible] Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to September 25, 1938

I last saw h[illegible] alive on September 25, 1938. Death is said to have occurred on the date stated above, at 9.55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cystal Occlusia	1937

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sguttole M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

0660

CERTIFICATE OF DEATH

F 50660

46 C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 E. 33rd St. St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard H. Worthington

U.S. Veteran specify WAR

(a) Residence: No. 802 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Worthington

DATE OF BIRTH (month, day, year) November 30, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Md. State Pilot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) January 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Worthington

14. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

15. MAIDEN NAME Matilda Harmon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Lester G. Worthington
(Address) 802 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 1st 1938

19. UNDERTAKER Wm. Purnell Hunting Williams & Co.
(Address) 1003 E. Baltimore St.

20. FILED Deputy Registrar
OCT 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1938 to Sept 28, 1938
I last saw him alive on Sept 28, 1938 Death is said to have occurred on the date stated above, at 2.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal hemorrhage	
Uremic Coma.	
Cardiac Insuff	
Other contributory causes of importance Malignancy of large intestine	

Was an operation performed? No Date of

For what disease or injury?

What test confirms diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard J. Cohen M. D.
(Address) Marlborough Apts.

9661

F 50661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a cc

Registered No. 872

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No.) Bay View St. 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Tolson

(a) Residence: No. 748 S. Decker Av, St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or WIFE of) John E. Tolson

6. DATE OF BIRTH (month, day, year) ? 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S FATHER

13. NAME Louis Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Henry Meyer Brother 1 Antrim Landing Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Sept. 30, 1938

19. UNDERTAKER (Address) R. Amoroso 1008 E. Baltimore St.

Filed Sept 30 1938 Hunter-Williams Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1938

22. I HEREBY CERTIFY, That I last attended the deceased from Sept. 27, 1938 to Sept. 27, 1938 that I last saw her alive on Sept. 27, 1938 and that death occurred, on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	Sept 27 1938
Fracture skull and laceration occipital region	Sept 27 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept. 27, 1938

Where did injury occur? 748 S. Decker Av (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home of Neighbor

Manner of injury Fell down basement steps

Nature of injury Fractures as above

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

50662
352221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50662

CERTIFICATE OF DEATH

53-e

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 20-E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME THOMAS HUBBARD

(a) Residence: No. 503 POPLAR GROVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	—

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 11/14/30

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STUDENT.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MD

13. NAME THOMAS J. BLAND Father

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME LEWIS DURGEA

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT RECORDS

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date Sept 29, 38

19. UNDERTAKER Wm. J. Tickner & Son

(Address) .....

20. FILED Huntington Williams, Registrar

SEP 1938 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 26, 1938, to SEPT-28, 1938.

I last saw him alive on SEPT 28, 1938. Death is said to have occurred on the date stated above, at 10 05 P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glioma (malignant) brain (3rd ventricle)	
Other contributory causes of importance:	

Was an operation performed? yes Date of Sept 28 1938

For what disease or injury? .....

Name of operation craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Kenneth Pickrell M. D.

(Address) Johns Hopkins Hosp.

0663

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50663

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 7000 W. 40th St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Virginia Harrington

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Clay Harrington

DATE OF BIRTH (month, day, year) Aug. 1, 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Easton~~, Maryland. (State or country) Queen Anne's

13. NAME James Redman

14. BIRTHPLACE (city or town) Maryland. (State or country)

15. MAIDEN NAME Arena Stabelgord

16. BIRTHPLACE (city or town) ~~Baltimore~~ Md. (State or country)

17. INFORMANT C. R. Kuyrendall (Address) 7000 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL Place Easton, Md. Date Sept 30, 1938

19. UNDERTAKER Wm. J. Pickett & Sons (Address) North Ave & Aisquith

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to Sept. 28, 1938.

I last saw her alive on Sept. 26, 1938. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930
Other contributory causes of importance: Acute Cardio-Resp failure	9-28-38

Was an operation performed? No Date of

For what disease or injury? Not Appendix

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Cowan M. D.

(Address) 11 E. Chase St. Baltimore Md.

64

0664 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 50664

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 53 yrs. 0 mos. 0 da. If U. S. Veteran specify WAR

2. FULL NAME Mr. ALBERT John RENNEX

(a) Residence: No. 922 W. University Parkway Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary I. Rennex

DATE OF BIRTH (month, day, year) Sept. 30/1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr Bldg Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Elec. Co.

10. Date deceased last worked at this occupation (month and year) Sept. 23/38

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

13. NAME OF FATHER John R. Rennex

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland

15. MAIDEN NAME OF MOTHER Emma Wright

16. BIRTHPLACE (city or town) (State or country) Montreal Canada

17. INFORMANT Mrs Mary I. Rennex (w/f)
(Address) 922 University Pky.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Oct-1-38 19

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED Oct 1 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/38 19

22. I HEREBY CERTIFY, That I attended deceased from 9/23/38 19 to 9/29 1938

I last saw M.M. alive on 9/29 19 38 Death is said to have occurred on the date stated above, at 7 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9/27
Hypertension 1st stroke	
Other contributory causes of importance: Myocardial arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

50665

HEALTH DEPARTMENT—CITY OF BALTIMORE

50665

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR –

2. FULL NAME John Dongevin

(a) Residence: No. St., Ward 25 South St., N.Y., N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of –

DATE OF BIRTH (month, day, year) March 7, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wiper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 5-24-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria, Germany

13. NAME Joseph Dongevin

14. BIRTHPLACE (city or town) Austria
(State or country) Germany

15. MAIDEN NAME Scopsar Duma

16. BIRTHPLACE (city or town) Austria
(State or country) Germany

17. INFORMANT Records- U.S.Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Date Sept. 30 1938

19. UNDERTAKER E. Leroy Stoffer, Inc
(Address) 125 E. Monument Ave.

20. FILED 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938 to September 27, 1938

I last saw him alive on September 27, 1938 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, mitral stenosis (rheumatic origin)	unknown
Endocarditis, subacute, bacterial	Jan. 1938
Thrombosis, cerebral, left middle	terminal
Other contributory causes of importance: meningeal	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R L Bryant, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

H

HLW/E

0666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 161-B

F 50666

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl Shanck

If U. S. Veteran specify WAR

(a) Residence: No. Westminster, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): University Hosp. Balto, Md

13. NAME: Williams Shanck

14. BIRTHPLACE (city or town) (State or country): Carrol County

15. MAIDEN NAME: Maude Easton

16. BIRTHPLACE (city or town) (State or country): Carrol Co Md

17. INFORMANT: Willaim Shanck

(Address): Westminster, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Gamber, Md Date: Sept 30 1938

19. UNDERTAKER: J. Francis Reese

(Address): Westminster, Md.

SEP 30 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938 to Sept 29, 1938.

I last saw her alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	
Other contributory causes of importance: Hemorrhagic disease of new-born	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Infant

(Signed) Henry F. Vaughan, M. D.

(Address) Lynnewood, Corbin

HEALTH DEPARTMENT--CITY OF BALTIMORE

351398 F 50667

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Raleigh Anderson

(a) Residence: No. Conowingo Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda

DATE OF BIRTH (month, day, year) Mar 17 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Aug 1938

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Jamie Anderson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ann R. Member

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Ottumwa Iowa Date Oct 3 1938

19. UNDERTAKER J. E. Tipton
(Address) Posey, Lun Md.

20. FILED SEP 30 1938 Registrar. Huntington Millard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Sept 29, 1938

I last saw him alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Sept 13, 38
Pyelonephritis, bilateral	?
Cystitis with contracted bladder	?

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 12, 1938

For what disease or injury? Uraemia Contracted bladder

Name of operation Suprapubic Cystotomy - Drainage of urinary extravasation

What test confirmed diagnosis? X ray - Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carl E. Buckland M. D.

(Address) J. H. H.

0668

HEALTH DEPARTMENT—CITY OF BALTIMORE

50668

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH South Balto. Gen. Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 24 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Schmidt

(a) Residence: No. 1745 Jackson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, Widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 13 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Schmidt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Shacklock

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert Schmidt
(Address) 1745 Jackson St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Hazelwood 9/1/38
Place Date

19. UNDERTAKER 1217 E Fort St
(Address)

20. FILED SEP 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1938 to 9-29, 1938

I last saw him alive on 9-29, 1938 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	9-17-38 (?)
Other contributory causes of importance: Diarrhea, non infectious	9-17-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis J. Krol, M. D.

(Address) South Balto. Gen. Hosp.

50669 F 50669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. veteran specify War

2. FULL NAME James Robert Staples

(a) Residence: No. 1403 E. Lafayette ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Dora E. Staples

6. DATE OF BIRTH (month, day, year) October 4, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Owen Staples

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Julia Dashields

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Dora E. Staples

(Address) 1403 E. Lafayette ave.

18. BURIAL, CREMATION, OR REMOVAL London Park Date 9/30 1930

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St.

20. FILED SEP 30 1930 Hamilton Williams Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced in said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) Coroner

0670 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50670

CERTIFICATE OF DEATH

Registered No. 781

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cloverdale Apts., Chauncey & Linden Ave 3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Harry Goodman

(a) Residence: No. Cloverdale Apts, Chauncey & Linden Aves Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ruth C. Goodman

7. DATE OF BIRTH (month, day, year) 1898

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertisement

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington NC

13. NAME Samuel Goodman

14. BIRTHPLACE (city or town) (State or country) Russ.

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russ.

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Southern ave Date 9-30-38

19. UNDERTAKER Jack Lewis Jr
(Address) 1143 E Balto St

20. FILED SEP 30 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1938, to September 28, 1938.

I last saw him alive on September 28, 1938. Death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	9/21/38
Amyotrophic Lateral Sclerosis	3 years

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Rhodon Cooper M. D.
(Address) 2107 Park ave. Baltimore Md

0671

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50671

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH Bon Secours Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2025 W. Lafayette St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Warren Schwartz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1902 W. Fairmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 17, 1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Raymond Schwartz

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Virgie Loudenslager

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Schwartz
(Address) 1902 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/1 1938

19. UNDERTAKER Margaret B. Flynn
(Address) 2407 N. Milton Ave

20. FILED SEP 30 1938 Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1938, to 9-29, 1938

I last saw him alive on 9-29, 1938 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus & Infancy	9-1-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George H. Boutilet M. D.

(Address) Bon Secours Hosp

572 HEALTH DEPARTMENT—CITY OF BALTIMORE F50672

32560-PS

CERTIFICATE OF DEATH

Registered No. 98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Upsher

(a) Residence: No. 633 George St. St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cornelius

DATE OF BIRTH (month, day, year) 3-20-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	6	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

12. NAME Westley Harrison

13. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliza Mulberry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Laurel Cem. Date 9-30 1938

19. UNDERTAKER Andrew A. Hensley

(Address) 527 W Biddle St

19. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-16 1938 to 9-28 1938

I last saw her alive on 9-28, 1938. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene of left foot	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

573

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50673

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Penna. ave 14-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Taylor

If U.S. Veteran specify WAR .....

(a) Residence: No. 1609 Penna. ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Taylor

DATE OF BIRTH (month, day, year) Aug 15 1814

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Church pastor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. minister

10. Date deceased last worked at this occupation (month and year) Aug 38

11. Total time (years) spent in this occupation 8

9. BIRTHPLACE (city or town) (State or country) Brunswick Co Virginia

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillie Taylor

(Address) 1609 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Virginia Date Oct 1 38

19. UNDERTAKER Mr Louis A. Hensley

(Address) 578 N Bond St. Huntington W Va

20. FILED ..... 19 .....

Registrar.

SEP 30 1938

EHS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29 19 38

22. I HEREBY CERTIFY, That I attended deceased from 3/29 19 38 to 9/29 19 38

I last saw h[illegible] alive on 9/28 19 38 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset .....

Chronic myocarditis — .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Hypertension + alb + + + Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

Signature Dan Trueblood M. D.

(Address) 1424 Lee St

0674

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50674

CERTIFICATE OF DEATH

✓ 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Marion

(a) Residence: No. 614 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Marion

6. DATE OF BIRTH (month, day, year) Feb. 12, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Robert L. Marion
(Address) 1012 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place 214 Calvary Cem Date 9-30 1938

19. UNDERTAKER Rayson & Dyson
(Address) 1218 Inc & Eldery St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Sept 27, 1938

Where did injury occur? Wash. Pulv. and Sul Phur Spring Rd. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in home, factory, street, or in public place Public

How injury occurred Auto Skidded struck rear of Truck

Nature of injury Wash. Pulv. & Sulphur Spring Rd. Balto. Md.

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 227 Hamm

8 6

0675

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 50675

CERTIFICATE OF DEATH

V 48

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 107 Carlton St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miranda Williams
If U. S. Veteran specify WAR

(a) Residence: No. 107 Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 2. 1861

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Co. Md
13. NAME Lewis Williams
14. BIRTHPLACE (city or town) (State or country) Balt. Co. Md
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Edna Smith
(Address) 408 Virginia Ave Towson
18. BURIAL, CREMATION, OR REMOVAL
Place Loring Md Date 10-1- 1938
19. UNDERTAKER Bryon Manuel & Wright
(Address) 1218 McCulloh St
SEP 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28. 1938
22. I HEREBY CERTIFY, That I attended deceased from March 15- 1938 to Sept 28 1938
I last saw her alive on Sept 28 1938. Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	History Indefinite

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Phy. Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Garland Schmidt M. D.
(Address) 1534- Druid Hill Ave

676

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50676

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH The Church Home & Infirmary

CITY OF BALTIMORE: (No. N. Broadway St. 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr Theodore Koch

(a) Residence: No. 2125 Clinton St St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mrs Ella Koch

DATE OF BIRTH (month, day, year) June 12 1881

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
57	3 mos	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Hose~~ Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Koch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Amelia Tester (daughter)

(Address) 2125 Clinton St

18. BURIAL, CREMATION, OR REMOVAL Place My Carmel Date Oct 1 19 38

19. UNDERTAKER John Ulrich

(Address) 200 E Preston

20. FILED OCT 3 1938 Hinton Wilgus Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Sept 29, 1938

I last saw him alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 4 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/29/38
Hypertensive cardiovascular disease	?
Other contributory causes of importance	
Operation	9/15/38

Was an operation performed? Yes Date of 9/15/38

For what disease or injury? Benign prostatic hypertrophy

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William J. Kyle & Dick M. D.

(Address) Lincoln Bldg

677

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50677

CERTIFICATE OF DEATH

✓ 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John C. Herold

(a) Residence: No. No Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875 9

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Kalian Herold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Nagle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Leyh

(Address) 227 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 1. 1938

19. UNDERTAKER Lahr Merrick

(Address) Huntington Williams Ave

Registrar

SEP 30 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 28, 1938, 19

Where did injury occur? Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Pratt St at Calleway Nature of injury by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. R. Scallen M. D.

(Address) 2757 W Pratt Coroner

Suideikis ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50678 — CERTIFICATE OF DEATH — 82-aF 50678

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 3-2 ~~Ward~~)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. veteran specify WAR.

2. FULL NAME Caroline Suideikis

(a) Residence: No. 129 Albemarle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Stephen Suideikis

6. DATE OF BIRTH (month, day, year) May 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Stephen Suideikis

(Address) 129 Albemarle St.

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Holy Redeemer Date Oct 1 1938

19. UNDERTAKER Joseph Kaskus Inc

(Address) 607 Wash Blvd City

SEP 30 1938 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest ... Between and from the evidence obtained by me ... Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance: Hypertension

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Paul Schreiber M. D.

Coroner

(Address) Coroner

S 6

M. D. P. 1268-9

679

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 50679

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH Franklin Square Hospl

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] da. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] da.

2. FULL NAME Audrey Simms

(a) Residence: No. 1229 N. Bond St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Black

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 21, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Simms

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Dorothy Jones

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Oct 1-38 19

19. UNDERTAKER H. & R. C. Elliott-Inc
(Address) 1129 N. Carrollton

20. FILED SEP 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/24/ 1938 to 9/28/ 1938

I last saw h[illegible] alive on 9/28/ 1938 Death is said to have occurred on the date stated above, at 3.40 a.m.

The principal cause of death and related causes of importance were as follows:

Diarrhea (Cause unknown)
Terminal Pneumonia.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. J. Friedman M. D.

(Address) Franklin Sq. Hosp.

580

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50680

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Annapolis Rd St. 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Zillis

If U.S. Veteran specify WAR

(a) Residence: No. 2901 Annapolis St. Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Annie Zillis

DATE OF BIRTH (month, day, year) March 20-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT John Zillis

(Address) 2901 Annapolis Rd

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date 10/1/38 1938

UNDERTAKER Chas B. Kuchajewskas

(Address) 637 S Ford St

DATE Sept 30 1938 Undertaker's Signature

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1938 to Sept 29 1938

I last saw h-- alive on Sept 28 1938 Death is said to have occurred on the date stated above, at 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2 wks.
Other contributory causes of importance: Chronic Nephritis	1 year

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Wheeler M. D.

(Address) 1279 Fulham St

581

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50681

CERTIFICATE OF DEATH

186-a CC

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No.) Bay View St., 16-4 Ward(s)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Isaac W. Disney

(a) Residence: No. 800 N. Fulton Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Sarah Disney

6. DATE OF BIRTH (month, day, year) Dec-2-1853

7. AGE: Years 84 | Months 9. | Days 26. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER OF CHILD

13. NAME Clara E. Disney

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Elizabeth Wheat

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT (Address) Arthur M. Allard Son 1831 Maisel St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date October, 38

19. UNDERTAKER (Address) Frank Boettger 1600 W. North Ave

[illegible] SEP 30 1938 Huntington Millington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Coroner, Attorney or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	7 days
Fracture Neck right femur	10 days
Other contributory causes of importance: Varicose Ulcers	10 yrs

Was an operation performed? Yes Date of March 28-38

For what disease or injury? Fracture

Name of operation, Reduction Date of March

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 17, 1938

Where did injury occur? 800 N. Fulton Av. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off Chair

Nature of injury Fracture Neck right femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50682

CERTIFICATE OF DEATH

23 F 50682

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Burgandy St. 22-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Irene Stewart

If U. S. Veteran specify WAR _____

(a) Residence: No. 526 Burdundy St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 6/1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Samuel Stuart

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Florence Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Nettie Brown
(Address) 911 Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Sept. 30 1938

19. UNDERTAKER Walter E. Young
(Address) 134 W. Lanvale St.

SEP 30 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to Sept 26, 1938

I last saw her alive on Sept. 21, 1938. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) C. Morley Stoag, M. D.

(Address) 729 Cathedral St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50683 .

82-A

F 50683

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs 9 mos 8 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Fredericka Blair

(a) Residence: No. 355 Maydell Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W.	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of John J. Blair.

6. DATE OF BIRTH (month, day, year) Dec 20 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Decker.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. William J. Blair

(Address) 355 Maydell Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Cathedral Date Oct 1. 1938

19. UNDERTAKER John J. Cowan Co

(Address) 901 Harlem St.

20. FILED Oct 3 1938 Herrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	9/28
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) M. J. Nanna, M. D. Coroner

(Address) 1822 Mt Royal Ave Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

50684

CERTIFICATE OF DEATH

50 F 50684

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Gorman Ave St., 20-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 8 mos 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose M. Litz

(a) Residence: No. 10 Gorman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman M. Litz

DATE OF BIRTH (month, day, year) Jan 16, 1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Knerlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Herman M. Litz

(Address) 10 Gorman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 1. 1938

19. UNDERTAKER Peter J. Conway Son

(Address) 901 Hollins St.

(Signed) ..... Registrar.

SEP 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to Sept 29 1938

I last saw her alive on 9/29 1938 Death is said to have occurred on the date stated above, at 3 45 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer L. Hamilton M.D.

(Address) 1946 W. Baltimore

Nils Sjoberg

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50685 121 E 50685

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Nils Sjoberg

(a) Residence: No. 1416 Poplar Grove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary E. Sjoberg

6. DATE OF BIRTH (month, day, year) 10/8/68

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.G.P.O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME Nils Sjoberg

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Andersson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Mary E. Sjoberg

(Address) 1416 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Cem. Date Oct 3rd, 1938

19. UNDERTAKER John F. Conner Co

(Address) 901 Hollins St.

20. FILED SEP 30 1938, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1938 to Sept 28, 1938

I last saw h... alive on Sept 28, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	9/21/38
Gangrenous Purulent Perfor. Appendicitis	9/12/38
Subdiaphragmatic Abscess	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/12/38

For what disease or injury? Acute perf. appendicitis

Name of operation Appendectomy & drainage

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George H Boucher M. D.

(Address) Bon Secours Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

50686

CERTIFICATE OF DEATH

94 B 50686

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 251 N. Monroe St. 20-1 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry M. Byers.

(a) Residence: No. 251 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nancy A. Byers.

7. DATE OF BIRTH (month, day, year) Dec. 7, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	60	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler Maker

10. Date deceased last worked at this occupation (month, day, year) 7/28/38

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Morgantown Maryland

13. NAME OF FATHER David C. Byers.

14. BIRTHPLACE (city or town) (State or country) Morgantown Maryland

15. MAIDEN NAME OF MOTHER Clara V. Middlekauf

16. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

17. INFORMANT Mrs. H. M. Byers (Address) 251 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Cem Date Sept. 30 1938

19. UNDERTAKER Easton Sons (Address) Elkton Md.

20. FILED SEP 30 1938 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/25/38, 19..., to 9/27/38, 19... I last saw h alive on 9/27/38 at 10:05 P. m. Death is said to have occurred on the date stated above, at 10:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/27/38
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Thrasher M. D.

(Address) 1940 W. Balto

F 50687 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 107-mF 50687

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. dy. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Adam (Heinmiller) HEINMUELLER

(a) Residence: No. 19 Sanford Ave St., Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Emma H. Heinmueller

DATE OF BIRTH (month, day, year) May 30, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Adam Heinmueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Stehle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs E. Heinmueller 19 Sanford Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Mills Date Oct 2 1938

19. UNDERTAKER (Address) Easton Sons Ellicott City

20. FILED SEP 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26th, 1938 to Sept 29th, 1938 I last saw him alive on Sept 29, 1938 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia and Bronchial asthma	9-26-38

Other contributory causes of importance: Infection (mixed) of right nasal cavity

Was an operation performed? yes Date of 9-27-38

For what disease or injury? infection of R nasal cavity

Name of operation Drainage of R nasal cavity

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50688

CERTIFICATE OF DEATH

131 F 50688

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Walrad Ave 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dennis Roche

(a) Residence: No. 4100 Walrad Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Roche

6. DATE OF BIRTH (month, day, year) Nov 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Stock Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Dennis Roche

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Roche
(Address) 4100 Walrad Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 10/1 38

19. UNDERTAKER Fayette Furlong
(Address) Fulton & Fayette

20a. FILED SEP 30 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1938 to Sept 29 1938

I last saw h alive on Sept 27 1938. Death is said to have occurred on the date stated above, at 2 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Endocarditis	2 mo.
Chronic Glomerulo Nephritis	3 yr.
Other contributory causes of importance:	
Uraemic Coma	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Fonelle M. D.

(Address) 1 Cathedral

50689 HEALTH DEPARTMENT—CITY OF BALTIMORE 50689

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1023 Rice St. 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Mayfield

(a) Residence: No. 1023 Rice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Mayfield

DATE OF BIRTH (month, day, year) May 31 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 5040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER William Mayfield

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Bahalia

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Fannie Mayfield
(Address) 1023 Rice St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct 1, 1938

UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

FILED Huntington Williams Registrar
SEP 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 38 to Sept 28 1938

I last saw he alive on Sept 28 1938 Death is said to have occurred on the date stated above, at 3.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. G. Tompkins M. D.

(Address) 50 N Hamburg St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50690

690

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Fremont Ave. St., 17-3 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mable Johns

(a) Residence: No. 717 N. Fremont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellsworth Johns

7. DATE OF BIRTH (month, day, year) Nov. 8, 1881

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 9-1-1938

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) St. Paul Minnesota

13. NAME David Brown

14. BIRTHPLACE (city or town) (State or country) St. Paul Minnesota

15. MAIDEN NAME Isabella Freyland

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

17. INFORMANT (Address) Juanita D. Young 717 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 2, 1938

19. UNDERTAKER Charles G. Cooper

(Address) 5749 Calhoun St.

20. FILED 1938 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26/1938

22. I HEREBY CERTIFY, That I attended deceased from August 20 1938 to September 28 1938

I last saw h.. alive on September 28 1938 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstial Nephritis	3 wks
Uremia	7-27

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles T. Wortley M. D.

(Address) 861 Hanover Ave

50691 F 50691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B 38613 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Williams

(a) Residence: No. 673 W. Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

3. If married, widowed, or divorced
WIFE of (or) HUSBAND of Frank Williams

DATE OF BIRTH (month, day, year) 1-8-1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Jennie Boyles

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Mary Thorpe

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT D. C. ... Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date SEP 30 1938

19. UNDERTAKER Commissioner of Health
(Address) Per W.A. Moore, M.D.

20. FILED Registrar.
1938

13357

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24 1938

22. I HEREBY CERTIFY, That I attended deceased from August 30 1938 to September 24 1938

I last saw h[illegible] alive on September 24 1938. Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coccidioidomycosis (Fever)	8-30-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) H. A. De Lautte M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

50692

CERTIFICATE OF DEATH

✓ S O F 50692

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Washington Blvd. 21-2 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie H. Steinhoff

(a) Residence: No. 1143 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced (or) WIFE of John C.

DATE OF BIRTH (month, day, year) May 8, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Peter Dittmar

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Philippine Hemmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John C. Steinhoff 1143 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct. 1 1938

19. UNDERTAKER (Address) Ambrose, Inc. 1013 W. Lafayette Ave

20. FILED SEP 30 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 29, 1938

I last saw h.. alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Breast.	1 yr.
Other contributory causes of importance: Chronic Int. Nephritis.	1 yr.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jas. Norton, M. D.

9/29/38 (Address) 888 N. Eutaw St.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

50693

CERTIFICATE OF DEATH

V 131 F 50693

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4220 Hillen Ave ~~St.~~ Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Sippel.

(a) Residence: No. 4220 Hillen Ave ~~St.~~ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

6. If married, widowed, or divorced

~~HUSBAND~~ of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 6, 1897.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41.	5.	22.	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter. No 50

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

11. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Alois Sippel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Fuhan.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara Biebl (Mother)

(Address) 4220 Hillen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 1st 1938

19. UNDERTAKER August Poeckert Inc

(Address) 2551 Ashland Ave.

20. FILED NOV 30 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3 1938 to Sept 28 1938

I last saw h[illegible] alive on Sept 25 1938 Death is said to have occurred on the date stated above, at 10? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia 3 days	
Other contributory causes of importance: Chronic Nephritis Duration 3yrs. (?)	

Name of operation None Date of —

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. V. Kelly M. D.

(Address) 1001 N Linwood Ave

F 50694

50694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Florence May Roach

(a) Residence: No. 1747 Dudley Ave. St., Ward.

(Usual place of above) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph V. Roach

7. DATE OF BIRTH (month, day, year) Sept. 10 1888

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S NATION

13. NAME Chas. Hofman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Ernestine Smith

16. BIRTHPLACE (city or town) (State or country) Akron Ohio

17. INFORMANT Joseph V. Roach

(Address) 1747 Dudley Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. 10-5-38

19. UNDERTAKER 2435 Greenmount Ave.

(Address)

20. FILED Oct 5 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Uremia	acute

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenken M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

50695

CERTIFICATE OF DEATH

119 F 50695

Registered No.

1. PLACE OF DEATH: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Gen. Hosp. 1-1 E. Monument St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eliane Ruthine Le Doux

(a) Residence: No. 1511 S. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
F	W	single

If married, widowed, or divorced HUSBAND of (or) WIFE of single

DATE OF BIRTH (month, day, year) May 15-1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME OF FATHER Dr. Clarence Le Doux

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME OF MOTHER Ruth Dayton

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Dr C W. Le Doux

(Address) 1511 S. Ellwood Ave

18. BURIAL, CREMATION OR REMOVAL Place Greenlawn Clarksburg W Va Date 10-2 1938

19. UNDERTAKER H. M. Cook

(Address) 12 E. Pratt St

Huntington W. Va

Registrar

SEP 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1938 to 9-30 1938

I last saw her alive on 9-30 1938 Death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-Syphilitic Ulceration entero-colitis	9-13
Other contributory causes of importance: Secondary anemia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. F. Rentrowski M. D.

(Address) Gen. General Hosp.

J no card

F 50696

0696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran specify WAR ...

2. FULL NAME Baby Dailey

(a) Residence: No. 750 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	—

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/24/38

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Roosevelt Dailey

14. BIRTHPLACE (city or town) (State or country) A.A. Co Md

MOTHER

15. MAIDEN NAME Dorothy Robinson

16. BIRTHPLACE (city or town) (State or country) A.A. Co. Md

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 29 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 1938 Registrar

1932 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Uterine asphyxia	?

Other contributory causes of importance:
Prematurity

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Michael A. Adams, M. D.
Coroner

(Address) 2360 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

0697 F 50697

Registered No. 50

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2310 E. Biddle St. 8 - E Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.
If U. S. Veteran specify WAR

2. FULL NAME Marion L. Ritzius (Richards)

(a) Residence: No. 2310 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of John C. Ritzius

DATE OF BIRTH (month, day, year) Feb 8th 1874

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	7	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year). 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

12. NAME Samuel Waggner
14. BIRTHPLACE (city or town) (State or country) City
15. MAIDEN NAME Sarah Kirby
16. BIRTHPLACE (city or town) (State or country) City

INFORMANT John C. Ritzius
(Address) 2310 E. Biddle St.

BURIAL, CREMATION, OR REMOVAL
Place Dale Cemetery Date 10/1 1938

UNDERTAKER E. J. Fleming & Son
(Address) 1938 E. Lafayette Ave.

FILED Huntington Station, N.Y. Registrar.
10/3/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1938 to September 28, 1938

I last saw her alive on Sept. 28, 1938. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	
Other contributory causes of importance: Carcinoma of Breast & Septicaemia	[illegible] 1938

Was an operation performed? Yes. Date of April 26/38
For what disease or injury? Carcinoma of Breast.
Name of operation Removal of Breast.
What test confirmed diagnosis? Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Allen S. Disbrowe M. D.
(Address) 1613 E. Fayette St.

0698 F 50698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Montebello Terrace Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rahel Kantrow March

If U. S. Veteran specify WAR

(a) Residence: No. 3227 Montebello Terrace St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E. March

DATE OF BIRTH (month, day, year) Dec. 5-1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 30?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward E. March (Address) 3227 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date 12-3- 38

19. UNDERTAKER Hugh E. Billingsley (Address) 2435 E. Oliver St.

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30- 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25 1938 to Sept. 30 1938

I last saw her alive on Sept. 29, 1938. Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	6-2-38
Other contributory causes of importance:	

Was an operation performed? Yes. Date of July 30/38

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory laparotomy.

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Edward E. Singewald M. D.

(Address) 1613 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#38050

F 50699

CERTIFICATE OF DEATH V46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Moss

(a) Residence: No. 209 S. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/10/1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Vaughn Moore

16. BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL
Mt Auburn Cem Oct 1 1938

UNDERTAKER Adolphus Halstead
(Address) 718 Druid Hill Ave

FILED Oct 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/38 19

22. I HEREBY CERTIFY, That I attended deceased from 8-12 1938 to 9-27 1938

I last saw h[illegible] alive on 9-27 1938 Death is said to have occurred on the date stated above, at 8 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Sigmoid Colon with metastasis Liver	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50700 93c F 50700

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Garrison Blvd St., 15-5 Ward)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 6 dys. How long in U. S. if of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR None

2. FULL NAME Bertha Dorothea Feldmann

(a) Residence: No. 2200 Garrison Blvd St., ... Ward. (Baltimore)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles L. Feldmann

DATE OF BIRTH (month, day, year) April 23/1861

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	77	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Schwarz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Frankl

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Erna Taylor Friend

(Address) 2440 W Calvert St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct-1-38

UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED OCT 1 — 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9th, 1928 to Sept 29, 1938

I last saw her alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 8:00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	About June 9
Other contributory causes of importance:	
Arteriosclerosis	?
Hypertension	?

Was an operation performed? no Date of

For what disease or injury? ----

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur? ---- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ----

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter L. Mitchell M. D.

(Address) 2220 Garrison Blvd

L. D. B. 1268-9

50701 HEALTH DEPARTMENT—CITY OF BALTIMORE 50701

CERTIFICATE OF DEATH

112

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 E. 32d St., 9-b Ward)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank August Rock

(a) Residence: No. 1615 E. 32d St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joanna Keller Rock

DATE OF BIRTH (month, day, year) Nov 17, 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood worker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood working

10. Date deceased last worked at this occupation (month and year) 9/37

11. Total time (years) spent in this occupation 30

9. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Pomerania, Germany

15. MAIDEN NAME Augusta Stegmann

16. BIRTHPLACE (city or town) (State or country) Pomerania, Germany

17. INFORMANT Mrs. B. L. Mann

(Address) 1636 Chilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 3 1938

19. UNDERTAKER Wm. J. Ketzner & Son

(Address) Balto, Md.

FILED OCT 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1938 to Sept. 29, 1938

I last saw him alive on Sept. 29, 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1937
Etiology Undetermined	
Other contributory causes of importance:	
Asphyxia	9/24/38

Name of operation Date of

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) John W. Parsons M. D.

(Address) 1010 N. Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50702 23 F 50702

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No..... St. 18-1 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR WW

2. FULL NAME James Johnson

(a) Residence: No. 940 N. Saratoga St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Martin

DATE OF BIRTH (month, day, year) Feb. 15, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	25 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newberry
(State or country) S.C.

13. NAME George Johnson

14. BIRTHPLACE (city or town) Newberry
(State or country) S.C.

15. MAIDEN NAME Mattie Dawson

16. BIRTHPLACE (city or town) Newberry
(State or country) S.C.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Newberry, S.C. Date Oct. 1st 1938

19. UNDERTAKER Eli O Wilson
(Address) 111 E Baltimore

20. FILED Oct 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29 1938

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1938, to September 29, 1938
I last saw him alive on September 29, 1938 Death is said to have occurred on the date stated above, at 2:10a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, acute, pulmonary, broncho-pneumonic	9-1-38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) K. Bryant M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/5

Oct 1 - 1938

EHG

9703 HEALTH DEPARTMENT—CITY OF BALTIMORE 50703

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Eutaw 1417-3 St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Ellen Boone
If U. S. Veteran specify WAR

(a) Residence: No. 134 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert E Boone

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Vivian Holmes

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Robert E Boone
(Address) 7396 Franklin st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 1st 38

19. UNDERTAKER Edw J Ou[illegible]
(Address) 1001 [illegible] Ave

20. FILED ... 19... Registrar.

OCT 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 29 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep. 18 . 1938 to Sep 29 . 1938
I last saw h[illegible] alive on Sep 29 . 1938 Death is said to have occurred on the date stated above, at 5:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, associated with pertussis	9/15/38
Other contributory causes of importance:	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Myron B. Tull, M. D.
(Address) Eutaw Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50704 × 180 F 50704

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. Ward) 243

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John W. Anderson

(a) Residence: No. 307 Townsend Ave. Brooklyn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Anderson

6. DATE OF BIRTH (month, day, year) June 29, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationery 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A.Co., Md.

FATHER

13. NAME Joshua Anderson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Stansbury

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emory M. Anderson (Son)

(Address) Walton Ave. & Annapolis Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Oct. 1, 19 38

19. UNDERTAKER William M Marsh

(Address) 715 Light St.,

20. FILED OCT 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fourth Degree Burns of Body	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 29, 1938, 19

Where did injury occur? Brooklyn, A.A.Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Extinguish Fire in Chicken Coop

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P.H. Claiborne, M. D. Coroner

(Address) 227 a Lee

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50705 — 93 F 50705

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union mem Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Austin Don Leve

(a) Residence: No. 2616 Maryland St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Don Leve

6. DATE OF BIRTH (month, day, year) Aug 29 1878

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year) 0 0 (a) Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.

FATHER

13. NAME Austin Don Leve

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Sonder

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Margaret A Don Leve

(Address) 2616 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 2nd 1930

19. UNDERTAKER Reitamyer

(Address) 2240 N Charles St.

20. FILED Oct 1 1930 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	Sept 30
Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50706

CERTIFICATE OF DEATH

94 F 50706

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 4-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rubin Dashefsky If U. S. Veteran specify WAR

(a) Residence: No. 325 N. Eutaw ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Philip

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL Harris Bros Date 10-2 1938

19. UNDERTAKER Jack Louis Inc
(Address) 1439 E. Baltimore St

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) Comm

HEALTH DEPARTMENT—CITY OF BALTIMORE

50707

CERTIFICATE OF DEATH

82-4 50707

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Union Ave St) 13-X (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha J. Foster

(a) Residence: No. 1322 Vernon avenue St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dingle

DATE OF BIRTH (month, day, year) June 20-1838

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	99	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Posey

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Margaret Davis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Kilgert

(Address) 1322 Union avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's-Hampstead Sept 30 1938

19. UNDERTAKER A. L. Marshall

(Address) 3509 Gall Road

20. FILED ..... 19..... Registrar

OCT 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26th 1938 to Sept 29th 1938

I last saw her alive on Sept 29th 1938 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 9/26/38

Other contributory causes of importance: Senility. Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify.....

(Signed) W. J. Lilienthal, M. D.

(Address) 1614 Eutaw Pl. Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50708

CERTIFICATE OF DEATH

/31 F 50708

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Woodington Rd. St. 46-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel H. Tatum

(a) Residence: No. 609 Woodington Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Tatum (nee Leitz)

DATE OF BIRTH (month, day, year) May 22, 1868.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman B.&O.R.R.

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Daniel Tatum

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Spetzler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ida M. Tatum

(Address) 609 Woodington Road.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct. 3/38 19

19. UNDERTAKER Harry F. Leitz

(Address) 4101 Edmondson Ave.

20. FILED 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1936, to Sept. 29, 1938

I last saw him alive on Sept. 29, 1938. Death is said to have occurred on the date stated above, at 10:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1936
chronic myocarditis	"
chronic interstitial nephritis	1937
Other contributory causes of importance: cardiac failure	9-29-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George A. Kipp, M. D.

(Address) 3036 Edmondson Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50709

CERTIFICATE OF DEATH

210-M

F 50709

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Melvin H. Spielman

(a) Residence: No. 1837 Edmondson Av, St., 20-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie H. Spielman

6. DATE OF BIRTH (month, day, year) Aug. 15, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jacob Spielman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lester Hoffman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elsie Spielman (Address) 1837 Edmondson Av.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date Oct 1 1932

19. UNDERTAKER Harry B Wilke (Address) 701 Edmondson Ave

20. FILED 19 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1932

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury, 1932

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Collison of Two (2) Autos. at

Manner of injury Fell out of Auto & Hit Head on Curb & Ground

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was driving Bakery Auto.

(Signed) G. F. Weller M. D. Coroner

(Address) 27 S. W. St

710 50710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 3rd Ward)

Length of residence in city or town where death occurred ... yrs. 7 mos. 22 dys. How long in U. S. if of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Victory Temple

(a) Residence: No. 167 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 2, 1933

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

33. NAME John A. Temple

34. BIRTHPLACE (city or town) (State or country) Carolina Va

35. MAIDEN NAME Nellie M. Allen

36. BIRTHPLACE (city or town) (State or country) Alexandria Va

INFORMANT Nellie M. Temple
(Address) 167 W. Hamburg St

BURIAL, CREMATION, OR REMOVAL
Place Not Buried Date 10/1/38

UNDERTAKER Isaac L. Brown & Son
(Address) 21 N. Montgomery St

FILED OCT 1 - 1938 Clayton White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-38

22. I HEREBY CERTIFY, That I attended deceased from 8-15-38, to 9-29-38

I last saw h[illegible] alive on 9-29-38. Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro-intestinal infection (summer diarrhea)	8-15-38
Other contributory causes of importance: Rachitis	?

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Isaac F. Cary, M. D.

(Address) 515 Madison Ave

0711

HEALTH DEPARTMENT—CITY OF BALTIMORE

50711

CERTIFICATE OF DEATH

V 46-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 S. Charles St. 23-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Mac. Kenthun

(a) Residence: No. 1206 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. MacKenthun

DATE OF BIRTH (month, day, year) Oct 28, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oyster Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Co

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER William Mac Kenthun

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME OF MOTHER Chrystenah Miller

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Lotta C. Gilligan
(Address) 1206 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 3 1938

19. UNDERTAKER Chas. Jas. John M. Gentel & Son
(Address) 201 W. Fayette St

20. FILED — 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/28 1938 to Sept 29 1938. Last saw h in alive on 9/29 1938. Death is said to have occurred on the date stated above, at 11.35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Cimona of Colon	1937 5 Months
Other contributory causes of importance: General Asthenia	

Was an operation performed? Yes Date of Cancer of Colon

For what disease or injury? Abdominal Paracentesis

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X ..... 19 ....

Where did injury occur? X X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. Lee Francis M. D.

(Address) 1340 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

0712

CERTIFICATE OF DEATH

108

F 50712

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Bell Gen Hosp St., 22nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby girl Zarse #1

(a) Residence: No. 527 Warren St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 24 1938

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	—	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mary Zarse

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

15. MAIDEN NAME Esca Finkelstein

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mother Esca Zarse

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT. 1 - 1938 19

Commissioner of Health

18. UNDERTAKER Per H. A. Moore Sub Assistant

(Address)

19. FILED 19 Huntington Williams, Registrar.

1938

4339 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 . 1938 to Sept 27 . 1938.

I last saw her alive on Sept 27 . 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Sept 24 1938
Other contributory causes of importance:	
Prematurity	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred H. Bowen M. D.

(Address) West Balt. Gen. Hosp.

E 50713

0713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 N. Linwood Ave 6-K Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Catherine Brady

(a) Residence: No. 30 N. Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of George V. Brady

DATE OF BIRTH (month, day, year) Oct 31 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1/27/38

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME David Spencer

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Schneider

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Madeline Brady
(Address) 927 Linwood Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 4 1938

UNDERTAKER Wm Gott
(Address) 1217 St Paul St

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st 1938

I HEREBY CERTIFY That I attended deceased from May 1 1938 to Oct 1 1938

I last saw her alive on Oct 1 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 1 38
Other contributory causes of importance: Arterio Sclerosis	1933

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William R Baer M. D.

(Address) 801 N Arlington Ave

H

0714 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50714

CERTIFICATE OF DEATH ✓ CGK---29001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-1-46-a Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR Navy Record

2. FULL NAME John Joseph Cooney

(a) Residence: No. 3927 Frisby St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6-3-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Lamper

8. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. American Sour Lighting Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Peter Cooney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Lisuer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Oct 3rd 1938

19. UNDERTAKER Wm Cook
(Address) 127 St Paul St

20. FILED Huntington Whitehead Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1937, to 10-1, 1938.

I last saw him alive on 10-1, 1938. Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	?
Esophageal & laryngeal obstruction	?
Sepsis & esophageal Hemorrhage	1 wk.

Other contributory causes of importance

Was an operation performed? Yes Date of 9-30-38

For what disease or injury? Laryngeal obstruction

Name of operation Tracheotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Bourne M. D.

(Address) Baltimore Md.

1938 H

0715 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50715

CERTIFICATE OF DEATH

Registered No. 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 7-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Beale If U. S. Veteran specify WAR No Record

(a) Residence: No. 2900 Evergreen Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, ~~widowed, or divorced~~
HUSBAND of ~~or WIFE of~~ Mary A. Beale

DATE OF BIRTH (month, day, year) Feb 10th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sterling Bros

10. Date deceased last worked at this occupation (month and year) 9/15/38

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME OF FATHER W. N. Beale

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Rebecca Peterson

16. BIRTHPLACE (city or town) (State or country) North Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 3rd 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1938 to 10-1 1938

I last saw him alive on 10-1, 1938 Death is said to have occurred on the date stated above, at 3:30 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Myocardial failure	
Cirrhosis ? liver } ?	
Malignancy	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. F. Kerkmeier M. D.

(Address) Md. Gen. Hosp.

50716 HEALTH DEPARTMENT—CITY OF BALTIMORE 50716

CERTIFICATE OF DEATH

Registered No. 42-53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 Carlton St. 4-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henrietta Georgina Lentz

(a) Residence: No. 1644 Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Lentz

DATE OF BIRTH (month, day, year) June 12 1857

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	57	8	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Christopher Ernest

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Julia A. Heinemann

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Louis Lentz

(Address) 1644 Carlton

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 3 1938

UNDERTAKER John Gillis & Sons

(Address) 800 E. Preston

FILED Oct 2 1938 Huntington Hillegas, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to Sept 30 1938

I last saw her alive on Sept 30 1938. Death is said to have occurred on the date stated above, at 12½ P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Terminal)	Sept 30
Other contributory causes of importance Carcinoma of Lung	6/1/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J. Reuaer M. D.

(Address) 801 N. Kenwood Ave

GHG

50717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 07a

F 50717

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Law

(a) Residence: No. Parkton, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma F. Law.

DATE OF BIRTH (month, day, year) March 1, 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	9		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1938

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor Penn R.R.

10. Time deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Ezziah Law

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Ida Hindle

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Emma F. Law.

(Address) Parkton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Prospect, Irelands, Md. Date Oct 4, 1938

19. UNDERTAKER Thomas Hill

(Address) 3615-17 Chestnut Ave

20. FILED ... Livingston Williams, Registrar

1556

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-16-38, 19... to 10-1-38, 19...

I last saw him alive on 10-1-38, 19... Death is said to have occurred on the date stated above, at 11.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-encephalitis	6 days
Other contributory causes of importance: Broncho-pneumonia	4 days

Was an operation performed? Yes Date of 9-26-38

For what disease or injury? Exploratory

Name of operation Cranial trephine

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard Levin M. D.

(Address) Univ. Hosp. Baltimore

0718

HEALTH DEPARTMENT—CITY OF BALTIMORE

Washington + Camden N. J. please copy

F 50718 ✓ 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5+2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Frank Orlando

If U. S. Veteran specify WAR

(a) Residence: No. 417 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora Orlando

DATE OF BIRTH (month, day, year) Nov 12 1898

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving Picture Op.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Orlando

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rachael Cutino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife - Dora Bruno Cutino
(Address) 417 East St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date Oct 3 1938

19. UNDERTAKER Frank V. Pikitone
(Address) 2918 E. Balto St

20. FILED Oct 3 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938, to Sept 30, 1938

I last saw him alive on Sept 30, 1938. Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Uremia	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Michelson

(Signed) Wolf Muchlson, M. D.

(Address) Sinai Hospital

1938 38 17

HEALTH DEPARTMENT—CITY OF BALTIMORE

0719

F 50719

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat St., 24-1 Ward)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Zacharia D Holland If U. S. Veteran specify WAR None

(a) Residence: No. Mount Hope Retreat St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced ?
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 17-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md

13. NAME John Holland

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Lyons

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Sophia Reuels
(Address) 1107 Bye.

BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date Aug 3 1938

UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED ..... 19..... Registrar.

1538

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1 , 1938

22. I HEREBY CERTIFY, That I attended deceased from April , 1928 to Oct 1 , 1938

I last saw him alive on Oct 1 , 1938 Death is said to have occurred on the date stated above, at 1555 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio sclerosis ?	
Other contributory causes of importance: Coronary Thrombosis	3 days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation What test confirmed diagnosis? Autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Raymond P. Alexander M. D.

(Address) 3316 Fordham Rd

720 B 58720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-8 ✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Elsinor Ave., St., Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew J. Dowling

(a) Residence: No. 2202 Elsinor Ave., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Dowling

DATE OF BIRTH (month, day, year) Oct. 2, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME G. Thomas Dowling

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Christine Smith

16. BIRTHPLACE (city or town) (State or country) France

INFORMANT Mr. Andrew W. Dowling

(Address) 2202 Elsinor Ave.,

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Oct. 3, 1938

UNDERTAKER L. Howard Strong

(Address) 715 Light St.,

FILED ..... 19 ..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/30 1938 to 9/29 1938

I last saw him alive on 9/29 1938. Death is said to have occurred on the date stated above, at 7.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9/27/38
Other contributory causes of importance:	
Hypostatic congestion	"
Arteriosclerosis	"

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) 3408 Windsor Ave

50721

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50721

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1956 W Fayette St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George F Mahle

(a) Residence: No. 1956 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Olivia B Mahle

DATE OF BIRTH (month, day, year) Oct 17 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Havre De Grace Md

13. NAME John C Mahle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Gerwig

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Olivia B Mahle

(Address) 1956 W Fayette St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 3 1938

UNDERTAKER William M Marech

(Address) 710 Light St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 to Sept 29 1938

I last saw him alive on Sept 29 1938 Death is said to have occurred on the date stated above, at 3 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Yrs
Other contributory causes & complications: Arterio Sclerosis	Yrs
Chronic Nephritis	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

✓ F 50722

50722 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

79-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob W. Baumgarten

(a) Residence: No. 3607 Forest Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: White | 5. Single, (Married), Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula M. Baumgarten

7. DATE OF BIRTH (month, day, year) Nov. 16 1880

8. AGE: Years 57 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supplies

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

14. NAME OF FATHER Wm. Baumgarten

15. BIRTHPLACE (city or town) (State or country) Germany

16. MAIDEN NAME OF MOTHER Betsy Bamberger

17. BIRTHPLACE (city or town) (State or country) Balto Md.

18. INFORMANT Mrs. J. W. Baumgarten
(Address) 3607 Forest Park Ave

19. BURIAL, ~~CREMATION, OR REMOVAL~~
Balto. Hebrew Cy. Date Oct. 2 1938

20. UNDERTAKER Hurd Sondheim & Son
(Address) 1901 Eutaw Place

21. FILED ..... 19 ..... Registrar

Huntington Williams

1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/21 1938 to 9/30 1938

Last saw him alive on 9/30 1938. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	
Septicemia	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jerome Hartz, M. D.

(Address) Sinai Hosp.

50723 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50723

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 74 yrs. ..... mos. ..... ds.

2. FULL NAME C. William Mattson — If U. S. Veteran specify WAR .....
(a) Residence: No. Foot of Andre St. aboard stationary schooner Wm. T. Parker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Susie M. Mattson

DATE OF BIRTH (month, day, year) May 17, 1851

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. marine salvager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. marine wrecking & salvaging buss.
10. Date deceased last worked at this occupation (month, day, year) Sept. 17, 1938
11. Total time (years) spent in this occupation 28yrs

12. BIRTHPLACE (city or town) (State or country) Sweden
13. NAME Don't know
14. BIRTHPLACE (City or town) (State or country) Don't know
15. MAIDEN NAME Don't know
16. BIRTHPLACE (City or town) (State or country) Don't know
17. INFORMANT (Address) Mrs. Susie M. Mattson (wife) Foot of Andre St. aboard stationary schooner Wm. T. Parker
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date October 3, 38
19. UNDERTAKER (Address) R. Kraut Sons 1200-02 S. Charles St.
20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9/23, 1938 to 9/29, 1938
I last saw h[illegible] alive on 9/29, 1938 Death is said to have occurred on the date stated above, at 8:45 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	yrs.
Lobar pneumonia	9/16
Other contributory causes of importance: Heart failure	9/23

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Herbert M. Jungerheimer M. D.
(Address) Sinai Hospital

1939 F

0724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50724

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Callow Ave St. 3-2-59 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fanny Nobly (or Nobel) If U. S. Veteran specify WAR .....

(a) Residence: No. 2114 Callow Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Nobel

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63 yrs	—	—	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Dutcin, Russia

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Chaia

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sophia Schurr

(Address) 3920 Rustinstown Rd

BURIAL, CREMATION, OR REMOVAL Holum Funeral Date 10-2 1938

UNDERTAKER Jack Kimmel Inc

(Address) 1439 E. Baltimore St

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1938, to Sept 30, 1938

I last saw h[illegible] alive on Sept 30, 1938. Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
arterio sclerosis	?
Coronary Thrombosis	

(Other contributory causes of importance)

Coronary occlusion

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) B. Kadrow M. D.

(Address) 2306 Eutaw Pl.

H

0725 F 50725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 W Lafayette ave St 7-3 Ward)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Anabel Cornish

(a) Residence: No. 701 W Lafayette ave St, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Widowed

If married, widowed, or divorced
~~HUSBAND OF~~
~~(or) WIFE OF~~ George Cornish

DATE OF BIRTH (month, day, year) Sept 7, 1894

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44		27	

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Domestic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East End md.

13. NAME Lucy Cooper

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Mary Bowers

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs. Dell V Snowden
(Address) Annapolis, md.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Mem Annapolis, md. Date October 2, 1938

19. UNDERTAKER Mrs Geo. A. Hoffman
(Address) 1681 Pennsylvania Ave.

FILED ..... 19..... Registrar.

1938 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938, to Sept 29, 1938.
I last saw her alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 29

Other contributory causes of importance:
Hypertension endocarditis Arterial Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry, in home, or in public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W Deweese M. D.

(Address) 803 W. Fremont Ave

✓ Duplicate SF

50726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50726

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 24 Ward) 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR Not Recd

2. FULL NAME Elizabeth Antlitz or Altlitz

(a) Residence: No. 1305 Aull St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George

DATE OF BIRTH (month, day, year): 3/12/1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	54	6	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: DO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Washington, D.C.

12. NAME: Michael Dermart

14. BIRTHPLACE (city or town) (State or country): Wash., D.C.

15. MAIDEN NAME: Mary Handel

16. BIRTHPLACE (city or town) (State or country): Wash., D.C.

INFORMANT (Address): Hospital Records

BURIAL, CREMATION, OR REMOVAL: Holy Sepulchre 10/3 38

UNDERTAKER (Address): Wm. F. Paul & Co 1247 E. Baltimore St.

FILED: Hunterstown Pittsburgh, Pa. Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/30/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/4/38, 19 ... to 9/30/38, 19 ...

I last saw her alive on 9/30/38, 19 ... Death is said to have occurred on the date stated above, at 10 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-25-38
Other contributory causes of importance: Hypertensive heart disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. L. de Lautell M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

0727

F 50727

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3055 Erunoh Mkt Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth M Samuson

(a) Residence: No. 3055 Erunoh Mkt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Samuson

DATE OF BIRTH (month, day, year) Jan 12 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of father Isabella Schimunger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME of mother Amelia Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie Schuminger

(Address) 3360 Erunoh St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov 3 1938

19. UNDERTAKER Wm J. Ford Sons

(Address) 1217 E Fort Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1938, to Oct 1 1938

I last saw h[illegible] alive on Sept 30 1938. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	1935
Generalized carcinomatosis	1938
Chronic myocardial and Endocardial disease	1923

Other contributory causes of importance:

arteriosclerosis - Chronic (Senile) hypertension	7 Yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

(Address) 2901 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50728

728

CERTIFICATE OF DEATH

53-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5326 Strickland St., 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth S. Montgomery

(a) Residence: No. 5326 Strickland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel G. Montgomery

DATE OF BIRTH (month, day, year) Jan. 2, 1899.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	8	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Melvin Hahn

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Augusta Kanne

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Samuel G. Montgomery

(Address) 5326 Strickland St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 3/38 19

19. UNDERTAKER Harry H. Little

(Address) 4101 Alycedon Ave.

20. FILED Oct. 3 19 38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 38

22. I HEREBY CERTIFY, That I attended deceased from July 17 '38 to Sept 30 '38

I last saw her alive on Sept 30 '38 2:40 P.M. Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder Urinary Urethra	
General Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date July 23, 1938

For what disease or injury? Carcinoma of Bladder

Name of operation Supra Vaginal Hysterectomy & D.O.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Elliot W. Johnson, M. D.

(Address) 3432 Druid Park Ave

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

0729 F 50729

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1964 Sponson St., 25 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alma Liebman

(a) Residence: No. 1964 Sponson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles A. Liebman

DATE OF BIRTH (month, day, year) May 1, 1887.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 007

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (City or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (City or town) (State or country) Germany

17. INFORMANT Charles A. Liebman
(Address) 1964 Sponson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct. 3/38

19. UNDERTAKER Harry F. Kutzler
(Address) 2101 Edmondson Ave.

20. FILED Oct 3 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Sept 29 1938
I last saw her alive on Sept 29 1938 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1 yr
Toxemia	3 mo

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation no

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Geo F Kuchler M. D.

(Address) 1430 Park Blvd

50730 ✓ F 50730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp for Women of Md St 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Heath

If U.S. Veteran specify WAR .....

(a) Residence: No. 2353 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced HUSBAND of (or) WIFE of Magruder Heath

DATE OF BIRTH (month, day, year) Dec 23 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Peter Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Barbara Litz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Heath

(Address) 2327 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 7 1938

19. UNDERTAKER Edward Loudon

(Address) 2359 Wash Blvd.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1938 to Oct 1 1938

I last saw her alive on Oct 1 1938. Death is said to have occurred on the date stated above, at 7⁰⁵ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	April 1938

Other contributory causes of importance

Was an operation performed? Yes Date of Sept 14, 1938

For what disease or injury? Carcinoma of uterus

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geraldine D. Powell M. D.

(Address) Hosp for Women of Md

50731

HEALTH DEPARTMENT—CITY OF BALTIMORE

50731

CERTIFICATE OF DEATH

√ 46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hosp. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Louis Hoffman

If U. S. Veteran specify WAR

(a) Residence: No. 936 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Louise E. Uhland

DATE OF BIRTH (month, day, year) April 7, 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Conrad Hoffman

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME Lorraine Alsass

16. BIRTHPLACE (city or town) (State or country) France

INFORMANT Edward L. Hoffman Jr.
(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/5/ 1938

18. UNDERTAKER Maynard D. Hynes
(Address) 2062 N. Fulton Ave

19. FILED ... Registrar.

OCT 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1938, to October 3, 1938.

I last saw him alive on October 3, 1938. Death is said to have occurred on the date stated above, at 6:22 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure.	
Carcinoma of sigmoid colon	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel H. Minnegode, M. D.

(Address) Maryland Gen'l Hospital

50732

HEALTH DEPARTMENT—CITY OF BALTIMORE

50732

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Simpson St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR

2. FULL NAME Marshall Turner

(a) Residence: No. 2805 Simpson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Turner

7. DATE OF BIRTH (month, day, year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	yrs		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culpeper Virginia

13. NAME OF FATHER Lewis Turner

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Julia Turner

(Address) 2805 Simpson St.

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary Cem Date Oct. 3 38

19. UNDERTAKER Gilbert Ernest Halstead

(Address) 918 Druid Hill Ave.

(Registered) M

(B. D.) OCT 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1938 to Sept 30, 1938

I last saw him alive on Sept 30, 1938. Death is said to have occurred on the date stated above, at 11 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia	Sept 28
Chr Cystitis & Prostatitis	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. A. Julian, M. D.

(Address) 434 E 23rd St.

0733

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50733

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Oakford Ave St., 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Francis Rhodrick

If U. S. Veteran specify WAR

(a) Residence: No. 3032 Oakford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Rhodrick

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Ramsey

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Cora Rhodrick
(Address) 3032 Oakford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 3, 1938

19. UNDERTAKER Chas E Francks
(Address) 802 Madison Ave

OCT 3 — 1938 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1938, to Oct. 1, 1938

I last saw her alive on Sept. 30, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis	9-26-38
acute dilatation of heart with congestion failure	9-28-38
Other contributory causes of importance:	
senility — Chronic myocarditis — Arteriosclerosis	9

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Maurice L. Abrams M. D.

(Address) 3300 N. Charles Ave

0734 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 50734

CERTIFICATE OF DEATH

46-H

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 W. Lafayette St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah C. Young If U.S. Veteran specify WAR

(a) Residence: No. 1011 W. Lafayette St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced: BUSBAND of (or) WIFE of William

7. DATE OF BIRTH (month, day, year) March 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	—	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME J. W. Meredith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sarah C. Shaw

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Ambrose Meredith (Address) 122 Division Street

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct. 3 1938

19. UNDERTAKER Mrs. George E. Holland (Address) 1612 Mt. Pleasant Ave

FILED Oct 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Sept 29 1938

I last saw her alive on Sept 29 1938 Death is said to have occurred on the date stated above, at 8 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritoneal Carcinomata	1 year
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

3-1938 Exp

0735 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50735

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Wyanoke Ave 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis F Fisher

(a) Residence: No. 622 Wyanoke Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Lydia Mae Fisher

DATE OF BIRTH (month, day, year) Aug 27 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Govt

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 33

BIRTHPLACE (city or town) (State or country) Monrovia Md

12. NAME Mrs Fisher

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Esther Pritchett

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs M Fisher

(Address) 622 Wyanoke Ave

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 12-3 1938

UNDERTAKER Wm Cole & Conlon

(Address) 1417 Pt Covington

FILED 12-3 1938 Hinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1938

22. I HEREBY CERTIFY, That I attended deceased from August 15 1938 to Dec 1 1938

I last saw him alive on Sept 30 1938. Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	June 1933
Malignancy, Arterial Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John S Fearhake M. D.

(Address) 3522 Greenmount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50736

CERTIFICATE OF DEATH

✓ 93-F 50736

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W. West St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Pinder

If U.S. Veteran specify WAR .....

(a) Residence: No. 504 W West St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	W married

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general Work

10. Date deceased last worked at this occupation (month and year) 6 yrs ago

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Worchester Co Maryland

13. NAME Emory Pinder

14. BIRTHPLACE (city or town) (State or country) Worchester Co Maryland

15. MAIDEN NAME Minnie .....

16. BIRTHPLACE (city or town) (State or country) Worchester Co Maryland

INFORMANT (Address) Hattie Summers 504 W West

BURIAL, CREMATION, OR REMOVAL

Place Mt Cyclan Date 10/3 1938

UNDERTAKER (Address) Walter B. Riggs 132 W Hamburg St.

FILED OCT 8 - 1938 Registrar Hattie Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/6, 1938 to 9/29, 1938

I last saw h... alive on 6/6, 1938 Death is said to have occurred on the date stated above, at 11:4 m,

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
arteriosclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Brandenburg M. D.

(Address) 132 W Hamburg St

0737

HEALTH DEPARTMENT—CITY OF BALTIMORE

50737

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 W. Mosher St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Delia Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 1607 W. Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Thomas H. Brooks

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Chas. Stout

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nellie ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thomas Brooks

(Address) 1607 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/3 38

19. UNDERTAKER William A. Jackson

(Address) 916 Pennsylvania Ave

20. FILED DEC 3 1938 Eugene Williams Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30/38

22. I HEREBY CERTIFY, That I attended deceased from 9/20/38 to 9/30/38

I last saw her alive on 9/29/38 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	9/15/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what

(Signed) [illegible] M. D.

(Address) 1600 W. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

50738 CERTIFICATE OF DEATH 131 F 50738

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5125 Roselle Ave. St., 27-5 Ward)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ulysses S. G. KNORR

(a) Residence: No. 5125 Roselle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie Knorr

DATE OF BIRTH (month, day, year) June 20, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrix maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Print shop

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Don't know

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Caroline Leech

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. A. Knorr
(Address) 4007 Conn. Ave., Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 3, 1938

19. UNDERTAKER John Collins & Son
(Address) Collins

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to Sept 30, 1938.

I last saw him alive on Sept 30, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	
Chronic nephritis	

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..... 19....

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Lester Kinney M. D.

(Address) 1201 Harford Rd.

CT 3—1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50739

CERTIFICATE OF DEATH

V 186-a

F 50739

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Davis

(a) Residence: No. 1113 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur C Davis

6. DATE OF BIRTH (month, day, year) Sept 25-1869

7. AGE: Years 69; Months -; Days 78; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME — Fountain

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Geo Cord

(Address) 2115 Robb St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct 5, 1938

19. UNDERTAKER John Ullrich

(Address) 2201 Eutaw

20. FILED Registrar

OCT 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Inquiry

Inquiry

Ver.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur.	6-16-38
Bronchial Pneumonia	9-25-38

Other contributory causes of importance

Deo.

Was an operation performed? Deo. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 9/16, 1938

Where did injury occur? Druid Heights North Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Comfort room.

Manner of injury fall.

Nature of injury Fracture of femur.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A Hamm Coroner, M. D.

(Address) 18 W Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

F 50740

CERTIFICATE OF DEATH

✓ 108 F 50740

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 8th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Redowa Hartwig

(a) Residence: No. 2225 Kentucky Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Caring Hartwig

DATE OF BIRTH (month, day, year) Oct 30, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Chair Returned

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norfolk, Va

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Lillian Caring Hartwig
(Address) 2225 Kentucky Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 5 19 38

UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna. Aves.

FILED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1938 to 10/2 1938

I last saw him alive on 10/2 1938 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 9/27/38

Other contributory causes of importance:

Arteriosclerotic heart disease

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. D. Sunday M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50741 V 46-C 50741

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 22-2

Length of residence in city or town where death occurred 70 yrs — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna M. Becker

If U. S. Veteran specify WAR .....

(a) Residence: No. 722 Lennox Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White ~~Whole Blooded~~	

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Becker

DATE OF BIRTH (month, day, year) December 23, 1862

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila. Penna.

13. NAME Cortes

14. BIRTHPLACE (city or town) (State or country) Spain

15. MAIDEN NAME Frairking

16. BIRTHPLACE (city or town) (State or country) Berlin Germany

17. INFORMANT (Address) Mrs. Alma F. Stevenson 722 Lennox St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct. 4 1938

19. UNDERTAKER (Address) Wm. J. Tickner & Sons. North & Penna. Aves.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 23, 1938, to October 2, 1938

I last saw her alive on October 2, 1938 Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Probable Malignancy of Colon, site undetermined	?
Other contributory causes of importance: Senile Cataracts, bilateral	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical and was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Francis J. Januszeski M. D.

(Address) Maryland General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

50742 CERTIFICATE OF DEATH V95-B 50742

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Wheeler Ave. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mamie Agnes Pickner

If U. S. Veteran specify WAR

(a) Residence: No. 2005 Wheeler Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of George Pickner

DATE OF BIRTH (month, day, year) May 14, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Morris

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ellen McCarthy

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT George Pickner

(Address) 2005 Wheeler Ave

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Oct. 4 1938

UNDERTAKER C. M. Pickner Sons

(Address) North & Fagues.

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/ 27/ 38, 19..., to 10/ 1/ 38, 19...

I last saw her alive on 10/ 1/ 38, 19... Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	9/ 27/ 38
Hypertension Cardio Arterio Sclerosis	1926
Other contributory causes of importance:	
Peripheral Neuritis	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.

(Address) 1204 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50743

CERTIFICATE OF DEATH

V 137 F 50743

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Hamilton mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hamilton Ball Sr.

If U. S. Veteran specify WAR

(a) Residence: No. Blackstone Apts Charles & 32nd St Ward Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence B. Ball

7. DATE OF BIRTH (month, day, year) 11/14/81

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Supt B & O Relief Hospt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Balto. Md.

13. NAME OF FATHER Samuel H Ball

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME OF MOTHER Annie Wiggins

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 5, 1938

19. UNDERTAKER Wm. J. Tricker & Sons

(Address) North Ave.

20. FILED OCT 3 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1938, to October 2nd, 1938

I last saw him alive on 10/2/38, 19... Death is said to have occurred on the date stated above, at 7:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis main pulmonary artery	9/22/38
Other contributory causes of importance: Old pulmonary infarcts, III	9/26/38

Was an operation performed? Yes Date of 9/7/38

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Osmond S. Culp, M. D.

(Address) Johns Hopkins Hospital

E 50744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50744

CERTIFICATE OF DEATH

V 186-a

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Tolson

(a) Residence: No. 1804 Clifton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Joseph H. Tolson

6. DATE OF BIRTH (month, day, year) June 25 1865

7. AGE: Years 73 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William E. Thomas

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

15. MAIDEN NAME Sarah Ward

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Joseph H. Tolson Husband

(Address) 1804 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Stevensville Md. Date Oct 5 1938

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) Mortuary Parlors

FILED OCT 3 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	day
Result of accident	
Valvular heart disease	Year
	ced.

Other contributory causes of importance: Fracture neck left femur

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct. 1938

Where did injury occur? 1804 Clifton Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Tripped running fell on floor

Nature of injury Fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. C. Woody M. D. Coroner

(Address) 1712 N. Broadway

745 E 50745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals ✓119 CC

CITY OF BALTIMORE: (No. Bay View St., 1962 Ward) Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruby Catherine Eden

(a) Residence: No. 1711 Vine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March 10-1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Woolridge

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Maggie Edgar

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Maggie Eden Mother

(Address) 1711 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carlton Date Oct 3 1938

19. UNDERTAKER Joseph A. Fogle

(Address) 401 N. Mount St.

FILED OCT 3 1938 By Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Enterocolitis (2 years) Sept

Other contributory causes of importance: Infection Upper respiratory organs Sept

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

50746

CERTIFICATE OF DEATH

✓ 126F 50746

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred 74 y. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Mrs. Eleanor Mc Comas

(a) Residence: No. 1735 Jorauch Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced (or) WIFE of Harry McComas

DATE OF BIRTH (month, day, year) 9/8/1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72		23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Towson Baltimore Co Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Emma Foote.

(Address) 810 N. Caroline St.

BURIAL, CREMATION, OR REMOVAL 10/3/38

Place Bark Cem. Date ... 19...

UNDERTAKER George Pfeltz Son

(Address) 733 Hampden Ave

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1938 to Oct. 1, 1938

I last saw her alive on Oct. 1, 1938 Death is said to have occurred on the date stated above, at 10 15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis, acute, and Cholelithiasis.	9-4-38
	9-4-38
Other contributory causes of importance: Chronic Myocarditis	Unknown
Diabetes Mellitus	Unknown

Was an operation performed? Yes Date of Sept. 27, 1938

For what disease or injury? Acute cholecystitis, and cholelithiasis

Name of operation Cholecystotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis J. Januszeski M. D.

(Address) Maryland General Hospital

50747 HEALTH DEPARTMENT—CITY OF BALTIMORE 50747

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 E. Chase St. E-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Frederick~~ Freddie Shelton

If U. S. Veteran specify WAR

(a) Residence: No. 1936 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 25, 1930

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Sherman Shelton

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Christina Rinaldo

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Sherman Shelton
(Address) 1936 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 4 38

19. UNDERTAKER Paul Figlatz 1576 N Gay St
(Address) Funeral Home

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-38

22. I HEREBY CERTIFY, That I attended deceased from 9-25-38 to 10-4-38

I last saw h... alive on 10-2-38. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Pleurisy — Date of onset 2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Tapping — No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 100 W. Preston St

OCT 5 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B-50748

92-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1192 W. Caroleton St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nora Jones

(a) Residence: No. 1192 W. Caroleton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Jones.

DATE OF BIRTH (month, day, year) Oct. 12. 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME Walter Spanis

14. BIRTHPLACE (city or town) (State or country) Philadelphia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) York

17. INFORMANT Frank Jones

(Address) 1192 W. Caroleton ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 4 1938

19. UNDERTAKER G. Brooks

(Address) 1463 N Carey St

FILED — 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1938 to Oct 1 1938.

I last saw her alive on Sept 29 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/1/38
Other contributory causes of importance: Mitral Regurgitation Obesity	? ? 4 yrs ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. N. Wright M. D.

(Address) 1209 Preston ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

50749

CERTIFICATE OF DEATH

108

F 50749

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 Elm Ave St. 13-7 Ward)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran ——— specify WAR .....

2. FULL NAME Emma L. Lowe

(a) Residence: No. 3726 Elm Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm T. Lowe

DATE OF BIRTH (month, day, year) Aug 20 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charlottsville Virginia

13. NAME + Timberlake

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Annie L Reed

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. Meador D. Follett

(Address) 3726 Elm Ave

BURIAL, CREMATION, OR REMOVAL

Place Arrange - Date Oct. 4 1938

UNDERTAKER Grace F. Burns

(Address) 2023 Eutaw Place

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24. 1938. to Sept 30. 1938

I last saw h e r alive on Sept 30 1938 Death is said to have occurred on the date stated above, at 7.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pt. Lobar Pneumonia	9/28/38
Myocardial Insufficiency	9/30/38

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) J N Wilson M. D.

(Address) 617 W 40th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50750

CERTIFICATE OF DEATH

137 F 50750

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 2951 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Israel F. Litchfield

If U. S. Veteran specify WAR ...

(a) Residence: No. Harwood, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Georgiana

6. DATE OF BIRTH (month, day, year) April 4, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	2	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

9. Date deceased last worked at this occupation (month, day, year) 1918

10. Total time (years) spent in this occupation 25

11. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

12. NAME William Litchfield

13. BIRTHPLACE (city or town) (State or country) Maryland

14. MAIDEN NAME ...

15. BIRTHPLACE (city or town) (State or country) Unknown

16. INFORMANT Francis F. Litchfield

(Address) Edgewood Md.

17. BURIAL—CREMATION, OR REMOVAL

Place Iron Hill Date Oct 3 1938

18. UNDERTAKER Easton Sons

(Address) Edgewood Md

FILED OCT 3 - 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1938, to Sept. 30, 1938

I last saw him alive on Sept. 30, 1938. Death is said to have occurred on the date stated above, at 7.26 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	?
Hypertrophied Prostate	?

Other contributory causes of importance:

Generalized Arteriosclerosis	

Was an operation performed? YES Date of Sept. 26, 1938

For what disease or injury? Hypertrophied Prostate

Name of operation Transurethral Resection

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles V. Lewis M. D.

(Address) St. Agnes' Hospital, Balto, Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

50751

CERTIFICATE OF DEATH

94 8 50751

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Ellis Eisen

(a) Residence: No. 1732 Appleton ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Blanch Eisen

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Zelig Eisen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Uukum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sylvia Eisen
(Address) 1732 Appleton St.

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Rest Carroll Co Oct 3 38

19. UNDERTAKER Sol Levinson Bro
(Address) 1241 W Northern

20. FILED ... 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry did find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul A. Clark Coroner, M. D.

(Address) Camp ...

E 59752

0752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1709 Dundalk Ave. St. 26-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hannah J. Gabardini

(a) Residence: No. 1709 Dundalk Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ferdinand Gabardini

7. DATE OF BIRTH (month, day, year) Sept. 1 1879

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Father: Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME of Mother: Hannah Bolton

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Rose E. Gabardini 1709 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Cathedral Date 10/4/38

19. UNDERTAKER (Address) J. Boo. Moran 3300 E. Baltimore St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Embolism	5 Hours
Other contributory causes of importance: Diabetes Mellitus	2 years

Was an operation performed? No Date of 2 years ago

For what disease or injury? Gangrene right leg.

Name of operation Amputation Date of Aug.

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Ed. Wood, M. D. Coroner

(Address) 1712 N. Broadway

F 50753

50753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq Hosp St 22-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William D. Spence

(a) Residence: No. 607 S. Paca St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	negro	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 27 36,

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Wm. Spence

14. BIRTHPLACE (city or town) Calvert Co
(State or country) Md

15. MAIDEN NAME Otelia Weems.

16. BIRTHPLACE (city or town) NC.
(State or country)

17. INFORMANT Otelia Spence
(Address) 607 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Oct 4, 1938

19. UNDERTAKER Joseph A. Lucas
(Address) 409 N. Pearl St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest or Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 da

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. Hanna M. D.

(Address) 1822 E Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

50754

CERTIFICATE OF DEATH

E 50754

16-7 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Druentmann St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? 41 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Barranco

(a) Residence: No. 3033 Druentmann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benedetto Barranco

DATE OF BIRTH (month, day, year) Nov 15 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Mosca Carreri

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Ralph Barranco

(Address) 3033 Druentmann St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 4 19 38

19. UNDERTAKER Albert W Geregan

(Address) 940 E North Ave

20. FILED Oct 4 19 38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to 19

I last saw h alive on Oct 2 1938. Death is said to have occurred on the date stated above, at 1.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M.D.

(Address) 2 S Broadway

1938

14

0755

HEALTH DEPARTMENT—CITY OF BALTIMORE

50755

CERTIFICATE OF DEATH

45-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Hagley St., 76-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Dietrich

If U. S. Veteran specify WAR

(a) Residence: No. 810 S. Hagley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) July 17 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloth

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cutter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Dietrich

(Address) 810 S. Hagley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 4 38

19. UNDERTAKER Martin H. & S. Dippel

(Address) 37 S. Ann St.

20. FILED OCT 6 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to Oct 1, 1938

I last saw h[illegible] alive on Oct 1, 1938. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Dementia Due	1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) 350 N. Paca

(McDowell)

50756 HEALTH DEPARTMENT—CITY OF BALTIMORE 50756

CERTIFICATE OF DEATH

1. PLACE OF DEATH, Primrose Cab entrance at Mercy Hosp. Registered No. 19457
CITY OF BALTIMORE: (No.) St., 14-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Frank C. McDaniel
(a) Residence: No. 1735 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

7. DATE OF BIRTH (month, day, year) Dec 2, 1916

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mc Dowell Va.
13. NAME Emma B. McDaniel
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Elizabeth Eddy
16. BIRTHPLACE (city or town) (State or country) Va.
17. INFORMANT (Address) Mrs. Emma B. McDaniel 1735 Linden Ave
18. BURIAL, CREMATION, OR REMOVAL Place Bluefield W. Va Date 10/3 1938
19. UNDERTAKER William Cook (Address) 1217 St. Paul St.
20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased (Inquest, Autopsy or Inquiry) alive on and that said deceased came to death on the day stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Explosion	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Oct 2, 1938
Where did injury occur? 1735 Linden Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Explosion of gas in kitchen
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. K. [illegible] M. D.
Coroner
(Address) [illegible]

88

0757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 50757

1. PLACE OF DEATH Bon Secours Hospital 119 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2025 W. Fayette St. 26-1 Ward)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Eric Alan Brackett — If U. S. Veteran specify WAR

(a) Residence: No. 1845 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 22, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Mr Newell Brackett

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Berta Hedrake

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs N. Brackett
(Address) 1845 W Lexington St.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 4 38

UNDERTAKER Bertrand & Fox
(Address) 2248 E Baltimore St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1938 to Oct. 1, 1938

I last saw him alive on Oct. 1, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unstable Myocardial Deb.	Congt.
Convulsive Seizures	

Other contributory causes of importance:

Diarrhea of Infancy	
Head Cold	9/14/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. H. Boulet M. D.

(Address) Bon Secours Hosp.

11

0758

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50758

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Canterbury Road St. 12-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Annie D. Brooks

(a) Residence: No. 3906 Canterbury Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward G. Brooks

DATE OF BIRTH (month, day, year) Aug. 21, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna.

13. NAME John Daniels

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Sarah Hill

16. BIRTHPLACE (city or town) (State or country) Penna.

INFORMANT Edward G. Brooks
(Address) 3906 Canterbury Road

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Oct. 4, 19

UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935 to Oct 2, 1938

I last saw her alive on Oct. 2, 1938. Death is said to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Hypertension	
Arterio Sclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. H. Reedy M. D.

(Address) 1403 Park Ave.

17

0759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50759

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Leignwait St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Thomma Lohr

If U. S. Veteran specify WAR

(a) Residence: No. 120 Leignwait Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lohr

7. DATE OF BIRTH (month, day, year) Oct. 2 - 1859

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	—	—	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Hoener

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry C. Lohr
(Address) 120 Leignwait Lane

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/5/38

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick Ave

20. FILED (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to Oct. 2, 1938

I last saw her alive on Oct 1, 1938. Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abdon H Bernotton M. D.

(Address) 4209 Frederick Ave

H

Dr. J. F. Gould 141 N. East Ave Wed 2/15

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50760 131 F 50760

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3435 Loverton Ave St. 26-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Lena Maldeis
If U. S. Veteran specify WAR No Record
(a) Residence: No. 3435 Loverton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND (or) WIFE of Herman L. Maldeis

DATE OF BIRTH (month, day, year) Jan 26th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X
BIRTHPLACE (city or town) (State or country) Balto Md
12. NAME Conrad Hahner
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Hahner
16. BIRTHPLACE (city or town) (State or country)
INFORMANT Herman L. Maldeis
(Address) 3435 Loverton Ave
BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date 10/4 38
UNDERTAKER Wm Bott
(Address) 1217 St. Paul St
FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st 1938
22. I HEREBY CERTIFY, That I attended deceased from 9-20 1938, to 10-1 1938
I last saw h alive on 10-1 1938 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo-nephritis,	
Arteriosclerosis,	
Other contributory causes of importance	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) John F Gould M. D.
(Address) 141 East ave

50761 E 50761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 8-3 114-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. A Ward)
Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Russell Hamilton
(a) Residence: No. 221 Potomac St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) ALDIA

DATE OF BIRTH (month, day, year) MARCH 24, 1892

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
46	6	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mine 0086
10. Date deceased last worked at this occupation (month and year) 8 yrs
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia
13. NAME (Wm Jackson Hamilton
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Willie A Spicer
16. BIRTHPLACE (city or town) (State or country) Virginia
INFORMANT Russell Hamilton
(Address) 221 Potomac St.
17. BURIAL, CREMATION, OR REMOVAL Place Mineral, Va. Date 10/4 1938
18. UNDERTAKER William Cook
(Address) 1217 St Paul St
FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH d

21. DATE OF DEATH (month, day, year) 10/3 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 3 1938
I last saw him alive on Oct 3 1938. Death is said to have occurred on the date stated above, at 1:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anthracosis	1923
Heart failure	Sept 1938

Other contributory causes of importance

Was an operation performed? No Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Coal miner developed anthracosis
(Signed) C. W. Thompson M. D.
(Address) Mercy Hospital, Balto, Md.

0762

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 50762

157-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2025 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 25, 1938

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	5 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Paul Johnson

14. BIRTHPLACE (city or town) (State or country) Danville, Va.

15. MAIDEN NAME Mary Childress

16. BIRTHPLACE (city or town) (State or country) Danville, Va.

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 3 - 1938 19

UNDERTAKER Commissioner of Health
(Address) Per H. A. Moure

FILED ..... 19 ..... Registrar.

1938

1341 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1938, to Sept. 30, 1938

I last saw him alive on Sept. 30, 1938 Death is said to have occurred on the date stated above, at 1.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital duodenal obstruction due to anomalous blood vessel	
Other contributory causes of importance: Malnutrition H-1025	

Was an operation performed? Yes Date of Sept. 29, 1938

For what disease or injury? Hypertrophic pyloric stenosis

Name of operation Posterior gastro-enterostomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Henry Moore, M. D.

(Address) Univ. Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50763

46-2 F 50763

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Brentwood Ave. 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret G. Crosby

If U. S. Veteran specify WAR .....

(a) Residence: No. 1105 Brentwood Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced: WIFE of (or) HUSBAND of Matthew J. Crosby

DATE OF BIRTH (month, day, year) Dec 8 - 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary G. Crosby

(Address) 1105 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Oct 6 38

19. UNDERTAKER Chas. J. Graul & Son Inc.

(Address) 115 W. Mulberry St Ave

20. FILED Oct 3 - 1938, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5 1938 to Oct 2 1938

I last saw h alive on Oct 2 1938 Death is said to have occurred on the date stated above, at 2:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocarditis	
Cerebral Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. J. Tighe M. D.

(Address) 1106 Hamilton Ave

F 50764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B F 50764

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., Fifteenth (Ward) 9-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C. Bowes

(a) Residence: No. 508 E. 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jos. T. Bowes

7. DATE OF BIRTH (month, day, year): Jan 1 - 1874

8. AGE: Years 64 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Patrick Kelly

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Fryer

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): J. T. Bowes 508 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Oct 5 38

19. UNDERTAKER (Address): Chas. F. Grau Co Inc 1118 N. Howard Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2 - 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset

Other contributory causes of importance:

Shock

Was an operation performed? Yes Date of 10-2-38

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuhe M. D.

Coroner

(Address)

M. D. H. 1268-9

E 50765

50765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Smith Ave 25th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred C. Cone

(a) Residence: No. 2520 Smith Ave St., 25 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Velma Z. Cone

6. DATE OF BIRTH (month, day, year) July 9 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bldg Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gulf Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Luke Z. Cone

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Mary Reed

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Velma Z. Cone

(Address) 2520 Smith Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 6, 1938

19. UNDERTAKER Edward Foulson

(Address) 2369 Madison Blvd

20. FILED 3 Oct 38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 29 Sept, 1938 to 2 Oct, 1938

I last saw him alive on 2 Oct, 1938. Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	29 Sept
Coronary Heart Disease	16 June 38

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Lamont Wheeler M. D.

(Address) 2910 Wilkens Ave

50766

F 50766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ester C. Wineberger

If U. S. Veteran specify WAR

(a) Residence: No. Owings Mills Balto. Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 3, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

13. NAME Julius D. Wineberger

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Beatrice C. Johnson

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. Walter White

(Address) Raspnberg Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Druid Ridge Date Oct 7/38 19

19. UNDERTAKER Ellis D. White

(Address) 2340 Gold Spring La

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1938 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation 1 & 2 Cervical Vertebra Cord Injury	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Oct 2, 1938 . 19

Where did injury occur? Butler Balto. Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury upset

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. [illegible] Coroner . M. D.

(Address)

S 6

50767 WINTER F 50767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Swarthmore ave Ward 40)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Five yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stanley J. Winter

(a) Residence: No. 3902 Swarthmore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of, (or) WIFE of Lily Frank Winter

DATE OF BIRTH (month, day, year) Mar 26, 1876.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frank A. Winter

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Katherine Kennedy

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lily Frank Winter

(Address) 3902 W. Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 4, 1938

19. UNDERTAKER Loring Byers.

(Address) 3312 W. Strathmore Ave

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1938 to Sept 30, 1938

I last saw h alive on Sept 30, 1938 Death is said to have occurred on the date stated above, at 1030 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Lung & Pleura	Sept 17 1937

Other contributory causes of importance:

Rupture of air cells of lung due to excessive Cough

Was an operation performed? ... Date of ... No operation refused

For what disease or injury?

Name of operation Clinical Symptoms

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Charles E. Clarke, M. D.

(Address) 3814 Piedmont Ave

1938 Liber 960

50768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50768

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 North Eden St. 9-9 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Nichols

If U. S. Veteran specify WAR Record

(a) Residence: No. 1414 North Eden St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Anna W Nichols

7. DATE OF BIRTH (month, day, year) March 13. 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Frederick A Nichols

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Caroline Mills

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Anna W Nichols

(Address) 1414 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL London Park Date Oct 4 - 1938

19. UNDERTAKER William Cook

(Address) 1207 St. Paul Street

20. FILED Oct 4 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Oct 2 1938

I last saw alive on Oct 1 1938. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1932
Cardiac Hypertrophy.	1933
Acute Bronchitis	1 mos.
Chronic Interstitial Nephritis	1932
Other contributory causes of importance: Pneumonia	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert T. Hellman M. D.

(Address) 6 East Biddle St

50769 F 50769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4605 Bayonne Ave St., 6-1 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Zaczek

(a) Residence: No. 4605 Bayonne Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Zaczek

6. DATE OF BIRTH (month, day, year) Dec 5-1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Nicholas Bogert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Joseph Zaczek 4605 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Oct 5 1938

19. UNDERTAKER (Address) F. W. Zazeyuske 1930 Eastfuff Ave

20. FILED ..... 19..... Registrar.

E-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 3 1938 to October 2 1938

I last saw her alive on October 2. 1938 Death is said to have occurred on the date stated above, at 1030 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset April 1937

Other contributory causes of importance: .....

Was an operation performed? No Date of ——

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Cresswell M. D.

(Address) 2025 E Ninth Ave

50770 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50770

CERTIFICATE OF DEATH

193-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Chester St. St. 2-1 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Tomasz Piechnicki

(a) Residence: No. 314 S. Chester St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jawiga Piechnicki

DATE OF BIRTH (month, day, year) 1851

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Michael Piechnicki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Sass
(Address) 2233 Essex St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Oct. 5 1938

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Eastern Ave.

20. FILED Oct 4 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1938 to Oct 1, 1938

I last saw him alive on Oct 1, 1938. Death is said to have occurred on the date stated above, at 5.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance:	
Acute Pulmonary Edema	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Bloch M. D.

(Address) 1331 E. North Ave

F 50771

0771 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Kinsrick Road 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Marie L. Ebaugh.

(a) Residence: No. 3003 Kinsrick Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John E. Ebaugh.

DATE OF BIRTH (month, day, year) Sept 11, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Jeremiah Kirby

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Annie M. Miller

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) John E. Ebaugh 3003 Kinsrick Road

18. BURIAL, CREMATION, OR REMOVAL Manchester, Carroll Co. Md. Date Oct 5, 1938

19. UNDERTAKER (Address) Chenoweth Bro. 3615-17 Chestnut Ave

20. FILED ... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1937 to October 2, 1938

I last saw her alive on October 2, 1938. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of UTERUS	Nov. 25 1937
Other contributory causes of importance:	

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? Physical Examination Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ....

(Signed) Arthur J Davis, M. D.

(Address) 800 W 33rd St.

50772 E 50772

50772 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

15-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2537 Loloya Southway (Ward) 15-13

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Libauer

(a) Residence: No. 2537 Loloya Southway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Harry.

7. DATE OF BIRTH (month, day, year) 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 Y.

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Benj Rosenbloom

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mollie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dora Alper

(Address) 2315 Anoka ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Oct 4 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W North ave

20. FILED ... 19 ... Registrar.

Oct 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1938 to Oct. 3, 1938

I last saw her alive on Sept. 28, 1938. Death is said to have occurred on the date stated above, at 3.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C V Dis.	Few years
Contributory Thrombosis	1 hour

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. A. Thomas M. D.

(Address) 2340 Eutaw Place

50773

F 50773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 2517 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Clara R. McKim

(a) Residence: No. Edgemere Balto. Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eugene McKim

6. DATE OF BIRTH (month, day, year) Oct. 1, ~~1883~~ 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jack Tinder

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Berti UnKnown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eugene McKim

(Address) Edgemere

18. BURIAL, CREMATION, OR REMOVAL

Place Orangeburg Va. Date Oct. 5 '38

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St

20. FILED ... 19 ... Registrar

Oct 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury to Chest	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Oct. 2, 1938 ... 19 ...

Where did injury occur? Wash. Sulv. Elkridge

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Collision 2 Auto. at Wash. Sulv. Elkridge Md.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) ... M. D.

(Address) 2757 E. Monument Coroner

M. D. B. 1268-9

9 Ward

F 50774 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34 - F 50774

Registered No. 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Wagner St. 17-Y Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Ward

(a) Residence: No. 5 Longleyeue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Ward

6. DATE OF BIRTH (month, day, year) Apr 25, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tanyard

10. Date deceased last worked at this occupation (month and year) May

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Va. United

FATHER

13. NAME Wm Ward

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mc Mason

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Bessie Ward
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 6-5 1934

19. UNDERTAKER Thomas A Hennighan
(Address) 528 N Patterson Pk

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4 1933 to June 2 1934

I last saw him alive on June 1 1934. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
	one

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50775

CERTIFICATE OF DEATH

V/210-M F 50775

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providance Hospital St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Roberts

(a) Residence: No. 715 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. Ware

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Arrbella Ringold

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Birtha Ware

(Address) Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 10-5 19[illegible]

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED 19[illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident Date of injury Sept. 21, 1930 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner Crossing Charles St at Greenway

Nature struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Pollen M. D.

Coroner

(Address) 2257 Calvert

50776

HEALTH DEPARTMENT—CITY OF BALTIMORE

50776

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Caldwell Road St. County) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 25 da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify War

2. FULL NAME Mary C. Schaaf

(a) Residence: No. 913 Caldwell Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

(If married, widowed, or divorced) WIFE of Thomas Schaaf

DATE OF BIRTH (month, day, year) Nov 5, 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafeteria

10. Date deceased last worked at this occupation (month and year) March 1908

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME ? Wethers

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md (?)

15. MAIDEN NAME Catherine Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md (?)

17. INFORMANT Mrs. Rice

(Address) 913 Caldwell Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, Registrar.

1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1938, to Sept 30, 1938

I last saw her alive on Sept 30, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	8/31/38
Secondary Anemia	9/5/38
Starvation	9/20/38
Other contributory causes of importance:	
Arteriosclerosis-General	?
Arteriosclerotic Myocarditis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Earl Pass M. D.

(Address) 4001 Wilkens Ave

0777

HEALTH DEPARTMENT—CITY OF BALTIMORE

50777

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 433 Rosecroft Terrace St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Cornelius Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 433 Rosecroft Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Taylor

7. DATE OF BIRTH (month, day, year) July 23, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Dr. Wm. E. Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth Carlisle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Annie M. Taylor
(Address) 433 Rosecroft Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date October 4, 38

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Pa. Aves.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938 to Sept 30, 1938

I last saw h[illegible] alive on Sept 28, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	8-25-38
Cardiac failure	9-30-38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. A. Kemp M. D.

(Address) 5330 Edmondson Ave.

Oct 4 1938 Huntington Hilligas

0778 F 50778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 N. Fremont St. Alt-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? 38 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Dubb

(a) Residence: No. 1329 N. Fremont St. Alt Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Betty

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Wife
(Address)

17. BURIAL, CREMATION, OR REMOVAL Place Washington Blvd Date 10/4/38

18. UNDERTAKER Jack Levine Inc
(Address) 1439 E. Baltimore St.

FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/38. 19

22. I HEREBY CERTIFY, That I attended deceased from July 15 1938 to Oct 4 1938

I last saw h alive on Oct 4, 1938. Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Stomach)	6 m
Toxemia	

Was an operation performed? yes Date of Aug. 38

For what disease or injury? Exploratory

Name of operation

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Bayless M. D.

(Address) 2040 Eutaw

0779

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50779

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) ~~Ward~~ Gen'l Hospital (b) ~~Street and No.~~ (c) Ward 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Taylor

(a) Residence: No. 424 N. Patterson Park Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Abraham Taylor

6. DATE OF BIRTH (month, day, year) 1866

7. AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Hurwitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Taylor

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Husband

18. BURIAL, CREMATION, OR REMOVAL Rosedale Date 10-4-38, 19

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Balto St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	9-25-38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-25 19 38

Where did injury occur? 424 N. Patterson Park Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell off sofa

Nature of injury Fractured L. F.

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) [illegible] M. D.

Coroner

(Address) 1215 Fremont Ave

0780

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50780

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Argyle St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wright

If U. S. Veteran specify WAR

(a) Residence: No. 931 Argyle St., Ward.

(If usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl

DATE OF BIRTH (month, day, year) 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

13. NAME Charles Snowden

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Curtis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Clara Snowden

(Address) 931 Argyle ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. Date Oct 7 1936

19. UNDERTAKER Randolph Halstead & Son

(Address) 718 Dundalk Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1936 to Oct 6 1936

I last saw her alive on Oct 3 1936 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B. Date of onset Oct 1933

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

0781 F 50781

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME WILLIAM BROWN WARREN U. S. Veteran (specify WAR)

(a) Residence: No. 513 OXFORD St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8/9/38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	21½	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (none yet)

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none yet)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) BALTO. MD.

13. NAME WILLIAM WARREN

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME ELIZABETH BROWN

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mr. Warren
(Address) 502 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL Laid to rest Date Oct 3 1938

19. UNDERTAKER Edelheim & Liebau
(Address) 718 Druid Hill Ave.

20. FILED Oct 4 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1-1938

22. I HEREBY CERTIFY, That I attended deceased from 9/24, 1938 to 10/1, 1938

I last saw him alive on 10/1, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DIARRHOEA (PARENTERAL)	9/23
ACIDOSIS	

Other contributory causes of importance:

PHARYNGITIS	
MALNUTRITION	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Wilkins M. D.

(Address) University Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50782

CERTIFICATE OF DEATH ✓ 175

F 50782

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Vincent St. 15-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Leo Hall

If U. S. Veteran specify WAR

(a) Residence: No. 1420 Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ed Hall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ida E. Cottman

(Address) 611 Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 4 19 38

19. UNDERTAKER George F. Kelsey

(Address) 1303 Pennsylvania Ave

FILED 19 Huntington Hillyard, Asst. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull Laceration of brain	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 1 , 1938

Where did injury occur? 1420 Vincent St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell & struck with face hall rack

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 210 Fallsway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50783

CERTIFICATE OF DEATH

46-3 F 50783

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3308 Hayward Ave St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Appel

If U. S. Veteran specify WAR

(a) Residence: No. 3308 Hayward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Appel

DATE OF BIRTH (month, day, year) May 7 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jacobs & Levy

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Annie Appel
(Address) 3308 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Oct 5 1938

19. UNDERTAKER Harry H. Limacek
(Address) 4204 Ridgewood Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2. 1938 to Oct 3. 1938

I last saw him alive on Oct 2 1938 Death is said to have occurred on the date stated above, at 1400 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with metastasis to liver	About 1938
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James S. Ashurst M. D.

(Address) 4012 Park Heights Ave

M. D. H. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50784

CERTIFICATE OF DEATH

V 46-E F 50784

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 W. Garthmore St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or Institution, give Its NAME Instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Frank Cole

(a) Residence: No. 3020 W. Garthmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy V. Cole

DATE OF BIRTH (month, day, year) June 12 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) don't know

13. NAME Noah Cole

14. BIRTHPLACE (city or town) (State or country) don't know

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country) don't know

17. INFORMANT Daisy Cole
(Address) 3020 West Garthmore

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Cemetery Co. Date Oct 5 1938

19. UNDERTAKER J. Howard Storey
(Address) 715 Eastern Ave

20. FILED OCT 4 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1937 to Oct 3rd 1938

I last saw him alive on Oct 2nd 1938 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	1937

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John T. Carey Jr. M. D.

(Address) 1603 E. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 50785 ✓ 94-a E 50785

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Bentalou St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maria E. Callahan

(a) Residence: No. 912 Gorsuch Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael H. Callahan

DATE OF BIRTH (month, day, year) Nov. 24, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Thomas Pace

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Susan Sorrell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Susan R. Booth

(Address) Reedville, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct. 4, 1938

19. UNDERTAKER E. Howard Strong

(Address) 715 Licht St.

20. FILED OCT 4 - 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1938 to Oct 3, 1938

I last saw h.. alive on Oct 3, 1938. Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial fracture.	years
Pneumonia Lectonis.	"
Convulsions.	4 da.
Other contributory causes of importance:	
acute cardiac delatation	4 da.
Myocardial infarcting.	2 da.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Thom, M. D.

(Address) 806 N Fulton Ave.

0786 F 50786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Henry

(a) Residence: No. 1401 Webster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

DATE OF BIRTH (month, day, year) Jan 25, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Lena Nacy

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/5/38 19

19. UNDERTAKER Thos F. Kernan
(Address) 1606 Bolton St.

20. FILED OCT 4 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to Oct 2, 1938

I last saw him alive on Oct 2, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. M. Curtis, M. D.

(Address) Baltimore City Hosp.

50787 Keron Stallings F 50787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 696 W Franklin St. 47-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify W.A.R.

2. FULL NAME Keron Stallings

(a) Residence: No. 646 W Franklin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Stallings

6. DATE OF BIRTH (month, day, year) Dec 25 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19 21	1	01	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ford? Va.

FATHER

13. NAME Alden Wadell

14. BIRTHPLACE (city or town) (State or country) Elmerton Va

MOTHER

15. MAIDEN NAME Sallie Deverick

16. BIRTHPLACE (city or town) (State or country) Winterham Va

17. INFORMANT Father Informant

(Address) 646 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Sept 4 1938

19. UNDERTAKER Isaiah D Brown

(Address) 1018 W Monument St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 10 45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If suspected by

(Signed) , M. D.

Coroner

(Address)

788

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50788

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S Gilmor St., 19-12 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Meerdter

(a) Residence: No. 409 S. Gilmor St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: late Geo J. Meerdter

7. DATE OF BIRTH (month, day, year): July 25, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Andrew Mooney

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Geo T. Meerdter

(Address) 409 S. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Peters Cem, Oct 5, 38

19. UNDERTAKER: John J Cowan & Son

(Address) 401 Wallis St

20. FILED: Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct 2, 1938

I last saw h[er] alive on Oct 2 1938. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 1/38
Other contributory causes of importance:	
generalized arteriosclerosis	unk
Hypertension & Nephritis	unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Rasmus M. D.

(Address) 206 S. Gilmor St

50789 ✓ F 50789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1852 N. Gay St. St. 8-W Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard J. Byrnes

(a) Residence: No. 1852 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of of Anna B. Schatz

DATE OF BIRTH (month, day, year) March-1-1876

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62 Yrs.	7 Mo.	2 Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.D.Kenny Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John F. Byrnes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT J. Harry Byrnes
(Address) 3907 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct. 6-1938

19. UNDERTAKER Henry Itzeck & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-3-1938. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-2-1938. to 10-3-1938.

I last saw him alive on 10-2-1938 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vasculo-renal disease	3 yrs.
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Bro. B. Gilbert M. D.

(Address) 2802 Harford Ave.

50790 ✓ E 50790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lambert Matuck (Matuck) If U. S. Veteran specify WAR .....

(a) Residence: No. 520 S Dunbar St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

7. DATE OF BIRTH (month, day, year) Sept 25 - 1938

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Adam Matick

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Honas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Adam Matick (Address) 520 S. Dunbar st

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Oct 4 1938

19. UNDERTAKER Tilly & Zeiler for (Address) 703 S Wolfe

20. FILED ..... 19.. Registrar .....

OCT 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 Birth, 1938, to 10/3/, 1938

I last saw h[illegible] alive on 10/3/, 1938 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	Birth

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney Adelig, M. D.

(Address) Univ Hospital

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50791

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH South Balto Gen. Hosp.

Registered No.

CITY OF BALTIMORE: (No. 23-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca B. Pulley

If U. S. Veteran specify WAR

(a) Residence: No. 112 Winter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eddie Kane

7. DATE OF BIRTH (month, day, year) — — 1894

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 807

10. Date deceased last worked at this occupation (month, day, year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME John Pulley

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Susan

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT South Balto Hosp. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Ontario Cemetery Date Oct 4 1938

19. UNDERTAKER Charles G. Cooper

(Address) 514 N. Calhoun St.

20. FILED OCT 4 1938 Clifton Wilmot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1938, to 9-29 1938

I last saw her alive on 9-29 1938 Death is said to have occurred on the date stated above, at 7 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Other contributory causes of importance: Chronic ulcerative Colitis	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis J. Krol M. D.

(Address) South Balto. Gen. Hosp.

50792

HEALTH DEPARTMENT—CITY OF BALTIMORE

50792

CERTIFICATE OF DEATH

159 36795-IS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-6-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Snyder

(a) Residence: No. 425 Newkirk St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9-7-38

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto., Md.

12. NAME Samuel

13. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Ethel Gears

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place B C H Date 10-3-38

19. UNDERTAKER

(Address)

20. FILED 1938 Registrar 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2 —, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/19, 1938, to 10/2, 1938

I last saw him alive on 10/2, 1938 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	9/7/38
OTITIS MEDIA, RIGHT	9/19/38
PERITONITIS	9/22/38
Other contributory causes of importance	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Lab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph M. Cordi M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50793 F 50793

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 927 N. Monroe St St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) September 20, 1938

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Morgan

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rose Cerne

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL OCT 4 - 1938 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19 Registrar.

4342

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21 1938

22. I HEREBY CERTIFY, That I attended deceased from September 20 1938, to September 21, 1938.

I last saw him alive on September 21, 1938. Death is said to have occurred on the date stated above, at 10³⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra cranial Hemorrhage	hour
Other contributory causes of importance: Prematurity	

Was an operation performed? None Date of.....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify.....

(Signed) Dorothy J. Anderson, M. D.

(Address) The Johns Hopkins Hospital

F 50794

0794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Fulton Ave. Ward) 19-2

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME Pietro Gallina

If U. S. Veteran specify WAR .....

(a) Residence: No. 113 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Filippa Gallina

7. DATE OF BIRTH (month, day, year) Dec 4 - 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Valguarnera Italy

13. NAME Salvatore Gallina

14. BIRTHPLACE (city or town) (State or country) Valguarnera Italy

15. MAIDEN NAME Anna Pecora

16. BIRTHPLACE (city or town) (State or country) Valguarnera Italy

17. INFORMANT Salvatore Gallina (Son)
(Address) 113 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Oct. 5th 1938

19. UNDERTAKER Frank Vida Sons
(Address) 52 N. Monroe St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1938 to Oct 2 1938

I last saw ~~him~~ her alive on Oct 1 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular Heart disease	
Other contributory causes of importance: Exhaustion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Luigi S. DiStefano M. D.

(Address) 407 N. Exeter St

F 50795

0795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 W Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Babylon

(a) Residence: No. near Westminster Carroll Co. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Dec. 28, 1926

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll County

13. NAME Roy J. Babylon

14. BIRTHPLACE (city or town) (State or country) Carroll Co.

15. MAIDEN NAME Viola C. Warehime

16. BIRTHPLACE (city or town) (State or country) Carroll Co.

17. INFORMANT Roy Babylon
(Address) Rfd Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Deer Park Date Oct. 6, 1938

19. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.

20. FILED ....., 19..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-2-38, 19..., to 10-4-38, 19...
I last saw h[illegible] alive on 10-4-38, 19... Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cholangitis	3 wks ago
?	

Other contributory causes of importance:

Pulmonary congestion	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leonard Yerkes, M. D.

(Address) University Hospital

50796

HEALTH DEPARTMENT—CITY OF BALTIMORE 50796

350919

CERTIFICATE OF DEATH

34-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 3-1

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME HARRIET-GOOD

If U. S. Veteran specify WAR .....

(a) Residence: No. 3 S. DALLAS ST. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	WIDOW

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7/20/94

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	2	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 070

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOUSE WORK

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) MD.

13. NAME CHARLIE MATTHEWS

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME EMMA BROWN

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT RECORDS

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt auburn Date Oct 5 1938

19. UNDERTAKER Edward Bryan

(Address) 1241 Orleans St

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug-30, 1938, to SEPT. 30, 1938

I last saw her alive on SEPT-30, 1938. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	1936
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. Lovering Neely M. D.

(Address) Johns Hopkins Hospital

50797

HEALTH DEPARTMENT—CITY OF BALTIMORE

50797

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5-96 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Mannes

(a) Residence: No. ..... Belair Md St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/24/14

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
22		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Robert Mannes

14. BIRTHPLACE (city or town) (State or country) Va -

15. MAIDEN NAME OF MOTHER Henry Parks

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Va Date Oct 5 1934

19. UNDERTAKER Degnon & Foster

(Address) Belair Md

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934 to Oct 3 1934

I last saw him alive on Oct 3 1934 Death is said to have occurred on the date stated above, at 12 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulonephritis	1934
Other contributory causes of importance: Hypertension. Heart failure. Rupture of aorta	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hermann Bellinzoni M. D.

(Address) Johns Hopkins Hosp.

50798 F 50798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Preston Apartments 1825 Preston St. Guilford Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles Thomas Kemp.

(a) Residence: Preston St. & Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Hardey Kemp

DATE OF BIRTH (month, day, year) Oct. 1-1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar & Coffee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) : Baltimore, Md.

13. NAME Thomas Kemp

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Maria Hooper

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Charles T. Kemp
(Address) Preston St & GuilfordAve.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Oct 5 1938

19. UNDERTAKER Henry W. Meamber
(Address) 805 N. Calvert St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Oct. 3, 1938

I last saw him alive on Oct. 3, 1938 Death is said to have occurred on the date stated above, at 1.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio-sclerosis	?
Myocardial insufficiency (arteio sclerotic)	1936

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. A. Herman, M. D.

(Address) 1107 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

507939

CERTIFICATE OF DEATH

F 507939

34-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Betty Ann Collison

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward. Centerville, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, year) 9/28/38

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville, Md.

13. NAME Charles Norman Collison

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Dorothy Stubbs

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Medical School Date OCT 4 - 1938 19

Commissioner of Health

19. UNDERTAKER (Address) Per H. A. Moore

20. FILED ... 19... Registrar.

1938 4346

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/30 1938 to 10/1 1938

I last saw her alive on 9/30 1938 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital Lues	
Other contributory causes of importance:	
Malnutrition	9/28/38
Dehydration	9/28/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) J. Robert White M. D.

(Address) C-4 The Gilman Apts.

50800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50800

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Hamilton St. 49-4 Ward)

Registered No. 93 D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Lucas

(a) Residence: No. 3101 Hamilton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George G. Lucas

DATE OF BIRTH (month, day, year) Feb. 29, 1872

AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
65	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jonathan Bennett

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME McCaughey

16. BIRTHPLACE (city or town) (State or country) Wyt

17. INFORMANT George F. Lucas

(Address) 11 Rexmere Rd Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 1930

19. UNDERTAKER Leonard Hardy

(Address) 2236 Harford Road

20. FILED Nov 2 1930 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1930

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930 to Oct 2, 1930

I last saw her alive on Oct 2, 1930 Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	3 Wks
Other contributory causes of importance: Arteriosclerosis	5 Yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C. Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest L. Grimmeman M. D.

(Address) 2836 Harford Road

50801

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50801

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. 15-32

CITY OF BALTIMORE: (No. 1210 Hutton av St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James V. Santinger

If U. S. Veteran specify WAR

(a) Residence: No. 1210 Hutton av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed, or divorced
(or) WIFE of James V. Santinger

DATE OF BIRTH (month, day, year) Sept 2 - 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna Virginia

13. NAME George Powell

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Karen Santinger

(Address) 1210 Hutton av

18. BURIAL, CREMATION, OR REMOVAL

Place Westlawn Date Oct-5 1938

19. UNDERTAKER Frank E. Neal

(Address) Catonsville, Md.

20. FILED Oct 4 1938 Huntington Hilleary, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25th 1938 to Oct 2nd 1938

I last saw her alive on Oct 2nd 1938 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of (Mitral Incompetency)	1936
Other contributory causes of importance: Arteriosclerosis	1936

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) Wm Dellinger M. D.

(Address) 1701 a Hutton ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50802

CERTIFICATE OF DEATH

46-c F 50802

1. PLACE OF DEATH South Balto. Gen Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Augusta Smith

(a) Residence: No. 1727 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George E. Smith

DATE OF BIRTH (month, day, year) June 5, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frank Ludewitzke

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT George E. Smith
(Address) 1727 Hanover St

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date Oct 4 1938

19. UNDERTAKER J. Bryan Edmondson
(Address) 1615 Pennsylvania Ave

20. FILED ..... 19— ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1938 to 10-4, 1938

I last saw her alive on 10-4, 1938 Death is said to have occurred on the date stated above, at 2.41 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovasc. Dis.	?
Cerebral Embolus	10-2-38

Other contributory causes of importance:

Adenocarcinoma of the Cecum	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Louis J. Krolle M. D.

(Address) South Balto. Gen. Hosp

0803 F 50803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2c yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Melville E Slaughter

(a) Residence: No. 3220 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruby Slaughter

6. DATE OF BIRTH (month, day, year) Aug 26 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merine engeneer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va
(State or country)

MOTHER FATHER

13. NAME Joel F Slaughter

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Rachel E Mason

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Ruby Slaughter
(Address) 3220 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Hunting Grove Cem Date Syringa Va 10/4 1938

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10/3/38

For what disease or injury? Fractured Skull

Name of operation Craniotomy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/3 , 1938

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury: Struck by a street Car

Nature of injury Harford Ave. & Erdmans Ave.

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul J. Schucker Coroner , M. D.

(Address) Coroner

16

50804 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50804

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. St. 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phyllis Jean Hirsch

If U. S. Veteran specify WAR .....

(a) Residence: No. 2511 Robb St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) June 16 '37

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph F. Hirsch

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mildred B. Burns

16. BIRTHPLACE (city or town) (State or country) Perryville Md.

17. INFORMANT Joseph F. Hirsch (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Oct 5 '38, 19

19. UNDERTAKER C. C. Miller (Address) 2334 Jefferson St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-23-1938 to 10-3-1938

I last saw her alive on 10-3-1938 Death is said to have occurred on the date stated above, at 9.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (con)	9-29
Diarrhoea of Infancy	10-22

Other contributory causes of importance: .....

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Michael F. Hirsch, M. D.

(Address) St Joseph's Hospital

F-1938

H

9805 **HEALTH DEPARTMENT--CITY OF BALTIMORE** F 50805

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp 127 Registered No.
CITY OF BALTIMORE: (No. 33rd Calvert St. 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs. Rhoda Revell 30 Charles Stewart If U. S. Veteran specify WAR
(a) Residence: No. 1404 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles T. Stewart

DATE OF BIRTH (month, day, year): Oct. 22, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): A. A. Co Md
13. NAME: Dr. Wm Theo. Revell
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME: Rhoda Clairs
16. BIRTHPLACE (city or town) (State or country): A. A. Co. Md
17. INFORMANT: Mrs Virginia Stewart
(Address) 1404 Eutaw Place
18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Oct 6 1938
19. UNDERTAKER: Wm Pickyer Bond
(Address) North & Paines
20. FILED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/38 . 19
22. I HEREBY CERTIFY, That I attended deceased from 9/28/38 . 19 . to 10/4/38 . 19
I last saw h[er] alive on 10/4/38 . 19 . Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows: Date of onset

Coronary occlusion
Common duct stone

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/7/38
For what disease or injury? Common duct stone
Name of operation Removal stone
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hammond Jorgan M. D.
(Address) U. M. H.

F 50806

0806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2931 Wallbrook Ave (St.) 5-6 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME William Jerome Crowley
If U. S. Veteran specify WAR
(a) Residence: No. 2931 Wallbrook Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F. Crowley

6. DATE OF BIRTH (month, day, year) Apr. 11, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Wm Crowley
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Charlotte Smythe
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Emma F. Crowley
(Address) 2931 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 6 38

19. UNDERTAKER Wm J. Ickes Sons
(Address) North & Pc.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above named, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a. Chronic Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Kaan, M. D.
Coroner
(Address) 12 E. Hamilton

* 6

50807

HEALTH DEPARTMENT—CITY OF BALTIMORE

50807

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH Md. General Hosp. — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Linden & Madison Ave (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carl E Ficht (Carl Ernest Ficht) — If U. S. Veteran specify WAR .....

(a) Residence: No. 2222 Poplar Grove St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leona J Ficht

DATE OF BIRTH (month, day, year) Dec. 12, 1898

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con. Gas & Elec. Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Ernest J. Ficht

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Cornelia Emery

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Leona J. Ficht
(Address) 2222 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 6, 1938

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.
(Address) North & Pa. Aves.

20. FILED Oct 6 1938 Registrar. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1938 to 10-2, 1938

I last saw him alive on 10-2, 1938 Death is said to have occurred on the date stated above, at 5-15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Staphylococcus Septicemia	
Secondary anemia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. F. Turkowski M. D.

(Address) Md. General Hosp.

1938

50808 F 50808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME J. Irvin Prager

(a) Residence: No. 5117 Liberty Heights Av. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 28, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry J. Prager

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary T. Yockel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Harry Prager

(Address) 5117 Liberty Heights Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Oct 6 19

19. UNDERTAKER Harry T. Yockel

(Address) West Edgewood Rd

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Oct. 3, 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision of Autos. at Kathland

Nature of injury Grenada Av.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

S 6

50809 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50809

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 23

CITY OF BALTIMORE: (No. 715 Pontiac Ave St. — Ward) Brooklyn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Winston C. Alexander — If U. S. Veteran specify WAR

(a) Residence: No. 715 Pontiac Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 21. 1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	13	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Returns Clk. Co
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME OF FATHER Alexander
14. BIRTHPLACE (city or town) (State or country) N. C.
15. MAIDEN NAME OF MOTHER Christina Solomon
16. BIRTHPLACE (city or town) (State or country) Pa
17. INFORMANT Christina Alexander (Address) 715 Pontiac St
18. BURIAL, CREMATION, OR REMOVAL Place Edgewood Date 10/7 1938
19. UNDERTAKER J. M. Cole (Address) 1217 E. Fayette St
20. FILED 10-5 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1938 to 10/3/38 19 I last saw him alive on 10/3/38 19 Death is said to have occurred on the date stated above, at 12:21 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
	Cor

Other contributory causes of importance:

Was an operation performed? yes Date of 1 yr ago
For what disease or injury? T.B.
Name of operation Thoracoplasty
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Ruben M. D.
(Address) 203 Calvert Bldg

5-1938 Rubin

0810 **HEALTH DEPARTMENT—CITY OF BALTIMORE** K 50810

CERTIFICATE OF DEATH ✓ CGK--36047 24-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR or PEACE Record

2. FULL NAME William Callinan

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Zora

DATE OF BIRTH (month, day, year) May 3, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Safe Works

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Callinan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth ? Gray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Oct 6 1938

19. UNDERTAKER Wm Cook
(Address) 127 St. Paul St

20. FILED [illegible] 1938 [illegible]
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1938, to October 3, 1938.

I last saw him alive on October 3, 1938. Death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10-3-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

E 50811

50811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 24535

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1417 Riverside ave (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Hannah Morse
(a) Residence: No. 1417 Riverside ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10. 1858

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79	10	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME John Morse
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Ellen Mosse
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jessie Harper
(Address) 508 Chateau ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct 6 1938

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Light St.

20a. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5 1938 to ... 19... I last saw h[er] alive on Oct 2 1938 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Other contributory causes of importance: Myocarditis - arterio sclerosis	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was illness or injury in any way related to occupation of deceased? ...

(Signed) Mrs John A. Schenuit M. D.
(Address) 1337 S. Charles St.

0812 O'Bara 50812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward O'Bara

If U. S. Veteran specify WAR

(a) Residence: No. Box 13 Ruth Ave St., Edgemere Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): Oct. 10, 1929

7. AGE: Years 8 | Months 11 | Days 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

13. NAME: John O'Bara

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Sophie Szoltyk

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Sacred Heart of Mary Date Oct 5th, 1938

19. UNDERTAKER: Geo. A. Weber

(Address) 206 S Ann St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1938 to Oct. 4, 1938

I last saw him alive on Oct. 4, 1938 Death is said to have occurred on the date stated above, at 2.45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis ? - cause undetermined	10/3/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyman G. Tull M.D. M. D.

(Address)

50813 F 50813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospital Ward)

Registered No. 54-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Peter F. Tully

(a) Residence: No. Holy Cross Cemetery A.A.Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Tully

6. DATE OF BIRTH (month, day, year) Sept 12, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt. Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Tully

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna M. Tully
(Address) Holy Cross Cemetery

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A.A.Co. Date 10-6 1938

19. UNDERTAKER Bernard C. Hartz
(Address) 131 E. Fayette St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Oct 2, 1938 19

Where did injury occur? Annapolis Rd A.A.Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner Crossing Annapolis Rd. at Holy Cross Rd struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner M. D.

(Address) ...

814 352097 F 50814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ROSE COWAN

If U. S. Veteran specify WAR

(a) Residence: No. HAMBURG AVE St., ... Ward ESSEX md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

6. If married, widowed, or divorced HUSBAND of (or) WIFE of CECIL

DATE OF BIRTH (month, day, year) 12/30/13

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

13. NAME PETE MOORE

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME MINNIE HENSE

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT RECORDS
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cole Laing Date Oct. 5 1938

19. UNDERTAKER John F. Connelly
(Address) Essex, Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3- , 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-19- , 1938, to Oct. 3- , 1938.

I last saw h.er alive on Oct. 3 , 1938 Death is said to have occurred on the date stated above, at 2.40 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Abortion, Pylephlebitis involving left ovarian, renal veins & inf. vena cava, Septicemia due to Alpha-Streptococcus, Bronchopneumonia, Infarcts both Lungs, Cardiac Failure.	abort. 2 wks. ago -

Other contributory causes of importance:

	over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Culture. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. Lansing Mayo M. D.
(Address) Johns Hopkins Hospital

F 50815

50815 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

37399 JS

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Lee Knight

If U. S. Veteran specify WAR.

(a) Residence: No. Horners Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of 9-8-38

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 weeks	26.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Clinton Lee Knight

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Irene Keltner

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 6 1938

19. UNDERTAKER William M. Mareck

(Address) 715 Light St

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1938, to Oct 4 1938

I last saw him alive on Oct 4, 1938 Death is said to have occurred on the date stated above, at 1'2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Enteritis	9/26/38
Bronchio-pneumonia	10/3/38

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Cordi M. D.

(Address) Balto. City Hosp

50816

HEALTH DEPARTMENT—CITY OF BALTIMORE

50816

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp St. 1-5 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Franks

If U. S. Veteran specify WAR .....

(a) Residence: No. 120 S Patterson Pk St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Frank

DATE OF BIRTH (month, day, year) Sept 20, 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	—	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Lutz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta H Kaffner

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Lewis Frank

(Address) 120 S Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Cem Date Oct 6 1938

19. UNDERTAKER H. Snyder Sons Inc

(Address) 1716 Pleasant St.

20. FILED Oct 5 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1935 to Oct. 4 1938

I last saw h... alive on Oct. 4 1938 Death is said to have occurred on the date stated above, at 4.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast	
Other contributory causes of importance Metastasis to humerus	
spine	

Was an operation performed? Yes Date of Nov. 1936

For what disease or injury? Carcinoma breast.

Name of operation Radical mastectomy

What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W E Cunningham M. D.

(Address) Mercy Hosp

50817 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50817

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 305 S. Lakewood Ave. St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Monk, Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 305 S. Lakewood Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Margaret Himmer Monk

DATE OF BIRTH (month, day, year) Feb. 13th 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler--Grain Elevator No. 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 14yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Christopher Monk.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose M. Monk
(Address) 305 S. Lakewood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Ceme. Date Oct. 6, 1938

19. UNDERTAKER Henry Sander & Son, Inc. Per Sander
(Address) Baltimore St. & Broadway

20. FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6 - 38 to Oct 3 - 38
I last saw h.. alive on Oct 3 - 38. Death is said to have occurred on the date stated above, at 11:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ~

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) G. E. Thieme M. D.

(Address) 2601 E Fairmount Ave

50818 F 50818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Derby Manor Drive 5-13 Ward)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie J. Talbot

(a) Residence: No. 4011 Derby Manor Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Talbot

7. DATE OF BIRTH (month, day, year) Jan 24. 1856

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	82	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Benjamin F. Chenoweth

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Wood.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George D. Talbot
(Address) 4011 Derby Manor Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 6 1938

19. UNDERTAKER Jno. & Wm. John H. Tindel & Son
(Address) 801 W. Fayette St

20. FILED ... 1938 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2. 1938. to Oct 4. 1938

I last saw her alive on Oct 4 1938 Death is said to have occurred on the date stated above, at 10.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Oct 4-38
Other contributory causes of importance Coronary Arteriosclerosis	yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James S. Ashcraft M. D.

(Address) 4012 Park Heights Ave

50819 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50819

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 W. Chase St. 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Anton Ludwig

(a) Residence: No. 135 W. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Margaret Ludwig

6. DATE OF BIRTH (month, day, year) April 19-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired No 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. furniture Packer

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Ludwig

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Margaret Ludwig
(Address) 135 W. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 7 1938

19. UNDERTAKER George L. Schmidt.
(Address) 2101 E. Fredrick ave.

20. FILED ... 19 ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to October 3 1938

I last saw him alive on October 2, 1938. Death is said to have occurred on the date stated above, at 11.15 P m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arterio-Sclerosis -	Before	5-25-37
Nephritis -	Before	5-25-37
Myocarditis -	Before	5-25-37
Cardiac dilatation + edema of lung.		10-1-38

Other contributory causes of importance:
None Other

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry T. Child M. D.

(Address) 1203 W. Fayette St.

50820

HEALTH DEPARTMENT—CITY OF BALTIMORE

50820

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l. Hosp. St. 16-5 Ward)

Registered No. 176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna Martini

If U. S. Veteran specify WAR

(a) Residence: No. 2425 Creston Clarendon Hgts Ave. St., Calverton Height Gar Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Martini

6. DATE OF BIRTH (month, day, year) June 11, 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	8	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Fethe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Frederick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Martini (Address) 2425 Calverton Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 6 1938

19. UNDERTAKER Robert S Sittle (Address) 2700 Edmondson Ave

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-19 1938 to 10-4 1938

I last saw h.. alive on 10-4 1938 Death is said to have occurred on the date stated above, at 12 35 a.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Ia. Bronchopneumonia	
Ib. Cholelithiasis	
Other contributory causes of importance Chr. C.V. disease Senility Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

0821 03 HEALTH DEPARTMENT—CITY OF BALTIMORE 50821
36220 3

CERTIFICATE OF DEATH

✓ 34-E-95-3

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME JAMES PIERSON

(a) Residence: No. 444 SOMMERSET St. St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42 to 54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

13. NAME JOHN PIERSON

14. BIRTHPLACE (city or town) (State or country) 2

15. MAIDEN NAME LUCY 2

16. BIRTHPLACE (city or town) (State or country) 2

17. INFORMANT RECORDS
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 10-5- 1938

19. UNDERTAKER Wagner & Wright
(Address) 221 McCulloh St

20. FILED ..... 19..... Registrar

10-5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 1938 to Oct-1 1938

I last saw him alive on Oct. 1 1938. Death is said to have occurred on the date stated above, at 11:26 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease -	10 yrs +
Cerebral Hemorrhage -	1 week ago
CNS Syphilis	5 yrs +
Other contributory causes of importance: Bronchopneumonia	6 days ago

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Lansing Reilly M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 50822

50822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Franklin Square Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. J. William Funck (Funck)

(a) Residence: No. 1515 Eutaw Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M. | 4. Color or Race: W. | 5. Single, Married, Widowed, or Divorced (write the word): M.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Maddox Funck

6. DATE OF BIRTH (month, day, year): Jan 17, 1854

7. AGE: Years 84 | Months 8 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

FATHER

13. NAME: Henry Funck

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rosina M. Hauser

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Emma M. Funck

(Address) 1515 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Oct 7 1938

19. UNDERTAKER: John Mitchell Sons

(Address) 1500 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1938 to Oct. 4, 1938 that I last saw him alive on Oct. 4, 1938 Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

D. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Friedman M. D.

(Address) Franklin Square Hosp.

50823 F 50823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Bolton St. St. 4 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran, specify WAR .....

2. FULL NAME John William Buckey

(a) Residence: No. 1606 Bolton St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma E. Vincent

DATE OF BIRTH (month, day, year) March 29, 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk W. M. Dairy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME George W. Buckley

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Eliz. Roderuck

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Emma E. Buckey
(Address) 1606 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemy. Date Oct 5, 1938

19. UNDERTAKER John Dunscomb Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19... Registrar.

10-5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1938 to October 3rd 1938

I last saw h[illegible] alive on October 1st 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular - Renal disease	(?) Slow
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) F. Silverhandle M. D.

(Address) 1901 Eutaw Place

B-51203

HEALTH DEPARTMENT—CITY OF BALTIMORE

50824 JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH

Eutaw St 50824

Registered No. 51-C

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-17 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Glenn Sr. If U. S. Veteran specify WAR

(a) Residence: No. 1103 N Eutaw St., 17 Ward (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Hazel Wilson

7. DATE OF BIRTH (month, day, year): 3/09/63

8. AGE: Years 75 | Months 6 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: John Glenn

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Anna Smith

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT (Address): Friends

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date Oct 6 1938

19. UNDERTAKER (Address): Henry W. Lenhardt Bros. & Co. Monument - Orchard Sts

20. FILED: OCT 6 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Oct 4, 1938

I last saw him alive on Oct 4, 1938. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Carcinoma of Prostate	?
Arteriosclerosis, generalized	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What confirmed diagnosis? Probable Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Buckland M. D.

(Address) J. H. H.

50825 HEALTH DEPARTMENT—CITY OF BALTIMORE 50825

CERTIFICATE OF DEATH V 157-C

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby boy Lewis

(a) Residence: No. 1323 Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 28-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Lewis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marie Lewis Mother

(Address) 1323 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Forest Lawn Date Oct 4 1938

19. UNDERTAKER Arrochus Harbut

(Address) 716 Druid Park Drive

20. FILED OCT 5 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth.	Sept. 28-38
Congenital heart disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

0826 — 50826

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 944 N. Baltimore St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Opper Salomon

(a) Residence: No. 944 N. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mose Salomon

6. DATE OF BIRTH (month, day, year) July 4 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	3029	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Opper

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Krause

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Attendant Woman
(Address) 944 N. Balt. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct 6 1935

19. UNDERTAKER H. Thurnau
(Address) 1003 N. Baltimore St.

20. FILED OCT 5 — 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1935 to Oct. 3, 1935

I last saw her alive on Oct. 3, 1935 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Arteral Hypertension	7 yrs
Cerebral Arteriosclerosis	1 yrs
Cerebral Hemorrhage	9 hrs

Other contributory causes of importance: Hypostatic pneumonia — 10 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. L. Knipp M. D.

(Address) 300 Eastern Ave

F 50827

50827 HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 Penna St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Butler

If U. S. Veteran specify WAR World War

(a) Residence: No. 1437 Penna. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Vennie Butler

6. DATE OF BIRTH (month, day, year): Aug 14-1894

7. AGE: Years 44 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: William H Butler

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Jennie Thompson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Vennie Butler

(Address): 1437 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: National Date: 10/6 1938

19. UNDERTAKER: Geo. G. Kelson

(Address): 1303 Pennsylvania Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage apoplexy — Oct 3 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. Allen M. D.

Coroner

(Address) 607 Park Ave

0828

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 50828

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Johnson

If U. S. Veteran specify WAR

(a) Residence: No. Glenburnie Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Johnson

DATE OF BIRTH (month, day, year) 6/5/1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Sidney Johnson

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mary Ann Willis

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Priest
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Harmons, Md Date 10/4/38

19. UNDERTAKER Geo. E. Nelson
(Address) 1303 Orleans St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1938, to Oct 1, 1938

I last saw h alive on Sept 30, 1938 Death is said to have occurred on the date stated above, at 1200 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Hypostatic

Date of onset
Oct

Other contributory causes of importance:

Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Walter Heney M. D.

(Address) 201 N Carey St.

50829 Hedgepeth ✓ F 50829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 N. Mount St. 15-1 Ward)

Length of residence in city or town where death occurred 8 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran (Yes or No)

If so, specify WAR

2. FULL NAME Ethie Hedgepeth

(a) Residence: No. 1307 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Hargo Hedgepeth

6. DATE OF BIRTH (month, day, year): April 7, 1897

7. AGE: Years 41; Months 6; Days 26; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wake Co. N. C.

FATHER

13. NAME: Walter Rogers

14. BIRTHPLACE (city or town) (State or country): Wake Co. N.C.

MOTHER

15. MAIDEN NAME: Kanna ?

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT (Address): Hargo Hedgepeth 1307 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL: Place Raleigh N. C. Date 10/13 - 38

19. UNDERTAKER (Address): Thomas E. Kelly 1363 Westminster St.

20. FILED 19 Registrar

Railroad

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased alive on 5:15 pm, Oct 9, 1938; that I last saw the deceased alive on ; that I was notified by (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Ryan Coroner, M. D.

(Address) 1215 Hanover

50830 F 50830

HEALTH DEPARTMENT—CITY OF BALTIMORE

#36565 SF

CERTIFICATE OF DEATH

46-F

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 3-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Baker

(a) Residence: No. 221 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6. If married, widowed or divorced
HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) 2/28/1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	55	7	4	

8a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

8b. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10a. Date deceased last worked at this occupation (month and year) .....

10b. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Balto., Md.

11. NAME John Baker

12. BIRTHPLACE (city or town) (State or country) Md.

13. MAIDEN NAME Agnes Rendall

14. BIRTHPLACE (city or town) (State or country) Md.

15. INFORMANT Hospital Records
(Address)

16. BURIAL, CREMATION, OR REMOVAL
Place .....

17. UNDERTAKER
(Address) .....

18. FILED OCT 5 - 1938
Registrar

UNIVERSITY MEDICAL SCHOOL
Commissioner of Health
Per H. A. Moore

4347

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1938 to 10-2, 1938

I last saw h/m alive on 10-2, 1938 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas with metastases	unknown
Bronchopneumonia	10-1-38
Other contributory causes of importance	

Was an operation performed? yes Date of 10-1-38

For what disease or injury?

Name of operation Cholecysto gastrostomy

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

50831 ✓ F 50831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Edmondson Ave. 20-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugenia M. Ehrhardt

(a) Residence: No. 3615 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Ehrhardt

6. DATE OF BIRTH (month, day, year) May 9, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm. Ehrhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Sitchenupt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs D. Smith

(Address) 3605 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem Date Oct 6 1938

19. UNDERTAKER: Fred J. Kraus & Son

(Address) 1216 N. Charles St.

20. FILED ..... Registrar.

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1938

22. I HEREBY CERTIFY—That I attended deceased from Sept. 27 1938 to Oct. 3rd 1938

I last saw her alive on Oct. 2nd 1938. Death is said to have occurred on the date stated above, at 2.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Senility

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify NO

(Signed) Wm. C. R. Willis M. D.

(Address) 1325 N. Charles.

50832 F 50832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph Hospital St., 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Beatrice Jones

(a) Residence: No. 953 N. Chapple St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Jones

6. DATE OF BIRTH (month, day, year) Jan. 10, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jos. Epps

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Cammpel

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sarah Epps
(Address) 953 N. Chapple St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Oct 5, 1938

19. UNDERTAKER Mrs R. A. Elliott-Daughter
(Address) 1252 W. Caroline St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Pulmonary Embolism	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Sept. 15, 1938 19

Where did injury occur? Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Collision 2 Autos. at Lake drive

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. P. Colen M. D.

(Address) 2757 W. North Ave

Avalon V. Simmons

50833 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50833

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Avalon V. Simmons

If U. S. Veteran specify WAR .....

(a) Residence: No. Dorchester Co Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy L Emrag

6. DATE OF BIRTH (month, day, year) Oct 11 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME A A Simmons

14. BIRTHPLACE (city or town) (State or country) Dorchester Co

MOTHER

15. MAIDEN NAME Emma A Nash

16. BIRTHPLACE (city or town) (State or country) Dorchester Co

17. INFORMANT R. Simmons

(Address) 414 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Glouster Co Va Date Oct 5 1938

19. UNDERTAKER Margaret E. Flynn

(Address) 142 E Light St

20. FILED ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 5 38

Other contributory causes of importance: Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John N Evans, M. D. Coroner

(Address) Coroner

V S 6

50834 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50834

CERTIFICATE OF DEATH 92-a cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 6581 N. Eutaw Ave. St. 26-6 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Talvin Magann

(a) Residence: No. 6581 N. Eutaw Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of ~~late WIFE~~ Marie E. A. Magann

6. DATE OF BIRTH (month, day, year) Sept. 17-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dressmaking

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Magann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs. Marie E. A. Magann

(Address) 6581 N. Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Oct. 6 1938

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 N. Wolfe st.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence furnished by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3 days
Other contributory causes of importance: Valvular heart disease	3 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 111 N. Broadway

8-8

50835 E 50835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

COR-27816

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Brandon

(a) Residence: No. 1829 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George (D)

7. DATE OF BIRTH (month, day, year) 11-7-1879

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	58	10-	26	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Rafftery

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Oct 6th 1938

19. UNDERTAKER Leo G. Cook
(Address) 1703 N Patterson Park Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1937 to October 3, 1938.

I last saw her alive on October 3, 1938. Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal hemorrhage	10-3-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

50836 (Rate) V F 50836

HEALTH DEPARTMENT—CITY OF BALTIMORE

50836 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave) St. 6 & 4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie O'Keefe

(a) Residence: No. 805 N. Monroe St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert O'Keefe

6. DATE OF BIRTH (month, day, year) Dec 25, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Ezbert Foster

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Catherine Everhart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Minnie Pfeltz

(Address) 803 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 6, 1938

19. UNDERTAKER Martin Fahey Jr & Sons

(Address) 1827 W. North Ave.

20. FILED Oct 6 1938 Hilton Williams Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1938 to Oct 3, 1938

I last saw her alive on Oct. 3, 1938. Death is said to have occurred on the date stated above, at 7.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardio-Vascular-Renal Disease	
Pernicious Anemia	10-3-38
Other contributory causes of importance: Chronic Passive Congestion of both Lungs	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PSP Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles V. Lovell, M. D.

(Address) St. Agnes' Hospital, Balto.

50837

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50837

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4411 Kavon Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Mary Rose Bowman Butt

(a) Residence: No. 4411 Kavon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 4th 1880

8. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
58	4	29	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

13. NAME Joseph A. Butt

14. BIRTHPLACE (city or town) Balto. co.
(State or country) Maryland

15. MAIDEN NAME Mary Switzer

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

17. INFORMANT Mrs. John Famback
(Address) 4411 Kavon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Oct. 7th. 1938

19. UNDERTAKER Frederick Funeral Home
(Address) 7401 Belair Road

20. FILED 19 Registrar.

Oct. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3rd. 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/7/26 to 10/3/38 1926

I last saw her alive on 10/3/38, 1926 Death is said to have occurred on the date stated above, at 11.50P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco-pneumonia	9/29/38
Other contributory causes of importance: Cardio failure	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph J. Castagna, M. D.

(Address) 3 W. Madison St.

14

50838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 50838

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 Curtis Ave. St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard E. Bokman

If U. S. Veteran specify WAR

(a) Residence: No. 121 Kalp Ave St., ... Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta C. Bokman

7. DATE OF BIRTH (month, day, year) Nov. 13, 1877.

8. AGE: Years 60 | Months 10 | Days 21 | If LESS than 1 day ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

11. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Edward Bokman

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Rachael Bayliss

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Augusta Bokman
(Address) 105 Kolb Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Balto., Cem. Date Oct. 6 1938

19. UNDERTAKER Sanders Funeral Home
(Address) 7401 Belair Road.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938 to Oct 4 1938

I last saw h[illegible] alive on Oct. 4, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	7
Chronic Myocarditis	
Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael J. Daneck M. D.

(Address) St. Joseph's Hospital

5 - 1938

0839

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50839

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Fay St. 17-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Hatchett

(a) Residence: No. 2824 Fay St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Reubben Hatchett

6. DATE OF BIRTH (month, day, year) June 12-1887 Hsr

7. AGE: Years 51 | Months 3 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic 4037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cape Charles Va

FATHER

13. NAME: Edward Hillmann

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Maggie Cole

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Reuben Hatchett

(Address) 2824 Fay St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Oct 5 1938

19. UNDERTAKER: Archibald A. Gaddis

(Address) 2101 McCulloh St.

OCT 5 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Oct 2 1938
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Keller M. D. Coroner

(Address) 587 Augusta St

50840 HEALTH DEPARTMENT—CITY OF BALTIMORE 50840

CERTIFICATE OF DEATH 51-B 37520-FS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Massicot

(a) Residence: No. 1537 E. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 5-10-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	78	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 87

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Louis Date Oct 5 38

19. UNDERTAKER Albert J. Deneagy

(Address) 1440 E. Baltimore St.

20. FILED 19 Registrar

OCT 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-29 1938 to 10-3 1938

I last saw h. alive on 10-2 1938 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	Unknown
Uremia	Unknown
Bronchial Pneumonia	2 days

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. A. Woodworth M. D.

(Address) Balto City Hosp

50841 HEALTH DEPARTMENT—CITY OF BALTIMORE E 50841

CERTIFICATE 157-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Louise Silvers

(a) Residence: No. 520 S. Green St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Infant

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 24, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard E. Bailey

14. BIRTHPLACE (city or town) (State or country) Savannah, Ga

MOTHER

15. MAIDEN NAME Willie Silvers

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va

17. INFORMANT Richard E. Bailey

(Address) 520 S. Green St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 5 - 1938 Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

21. 1938 [illegible] Registrar

43851

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, said deceased on Injury (Injury or Inquiry) and from the evidence obtained by me Injury (Injury or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2 days
Other contributory causes of importance: Congenital Heart Disease	7 days

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Adams, M. D. Coroner

(Address) 2360 Eutaw Place

50842

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50842

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Luzerne Ave. St. 7-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roberta L. Vadala

If U. S. Veteran specify WAR No Record

(a) Residence: No. 602 N. Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Antonio Vadala

6. DATE OF BIRTH (month, day, year): Jan 1 1866

7. AGE: Years 71 | Months 9 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Sept. 1938

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Petersburg Va.

13. NAME: Isaac Tuttawkins

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: William Healy
(Address) 1217 St Paul St

18. BURIAL, CREMATION, OR REMOVAL: Woodland Cem Oct 10/7 38

19. UNDERTAKER: The Cook Co
(Address) 1217 St Paul St

20. FILED: Huntington Williams, Registrar
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 4 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~Sept 21~~ 1938 to Oct 4 1938

I last saw h~~er~~ alive on Oct 3 1938 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
Oedema
Diabetes

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Phys. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ... No

(Signed) Chas O. Blake M. D.

(Address) 720 E Preston

50843 F 50843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 W Cross St. 21-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Wilmer Shiloh

(a) Residence: No. 1415 S. Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary E. Shiloh

6. DATE OF BIRTH (month, day, year) Feb 14th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pyrodell Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Eugene S. Shiloh

14. BIRTHPLACE (city or town) (State or country) N.Y. N.Y.

15. MAIDEN NAME Rebecca Rush

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E. Shiloh

(Address) 1415 S. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 7th 1938

19. UNDERTAKER Wm Cook

(Address) 217 N Paul St

20. DATE 10-7-1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938, to Oct 4, 1938

I last saw h[e] alive on Oct 4, 1938. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cruti Coronary Thrombosis	10-4-38
Other contributory causes of importance: Arteriosclerosis Chronic Heart Disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas J. Claus M. D.

(Address) 7 Bowell St.

50844

HEALTH DEPARTMENT—CITY OF BALTIMORE

50844

CERTIFICATE OF DEATH

Registered No. 95-13

1. PLACE OF DEATH Mt. Hope Hosp

CITY OF BALTIMORE: (No. Dundee & Madison St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John M. Posey

(a) Residence: No. Alta Vista Ave. Woodlawn, Md. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Posey

6. DATE OF BIRTH (month, day, year) Dec. 22 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Aug 26 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

MOTHER OR FATHER

13. NAME John Posey

14. BIRTHPLACE (city or town) (State or country) ? Texas

15. MAIDEN NAME Mary Goodwin

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Mrs Marie Posey

(Address) Alta Vista Ave. Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/7 1938

19. UNDERTAKER William Cook

(Address) 1317 N. Fulton Ave.

20. FILED ... 19... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-27- 1938 to 10-4 1938

I last saw him alive on 10-4 1938 Death is said to have occurred on the date stated above, at 11 33 P.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency.
Hypertensive cardiovascular disease.

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Kerr Hopkins M. D.

(Address) Mt. Hope Hosp.

50845 F 50845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 75 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James F. Baldwin

(a) Residence No. 3962 - 32nd St. St., Mt. Rainer Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Baldwin

6. DATE OF BIRTH (month, day, year) Dec 8th 1862

7. AGE	Years	Months.	Days	If LESS than 1 day, hrs. or min.
	75	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Never Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Andrew Baldwin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Campbell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Perry

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Oct. 5- 1938

19. UNDERTAKER Geo M. Fink & Son

(Address) 811 N Eutaw St

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) Coroner

1938

H

50846 F 50846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5312 Belleville Ave 28 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Adele Sindall

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5312 Belleville Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lillion M Sindall

6. DATE OF BIRTH (month, day, year): Aug 22 1866

7. AGE: Years 72 | Months | Days 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0013

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Sindall

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Catharine Hollond

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Eva M Lyding

(Address): 5312 Belleville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Sandridge Date: 10/7 1938

19. UNDERTAKER: McCoy

(Address): 1217 E Paul St Baltimore, Md

20. FILED: OCT 6 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 5 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Oct 5 1938

I last saw h alive on Oct 2 1937 Death is said to have occurred on the date stated above, at 730 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Heart Disease	
Other contributory causes of importance: Cystitis Tuberculosis Tubercular Renal Disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 50847

50847 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Mosier

(a) Residence: No. 2015 N. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Mary H. Mosier

6. DATE OF BIRTH (month, day, year) April 8 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (B & O. R.R.)

10. Date deceased last worked at this occupation (month and year) 10/4/38

11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Horace L. Mosier

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Cordelia La Bonte

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mary H. Mosier

(Address) 2015 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 7th 1938

19. UNDERTAKER Wm Bost

(Address) 1217 St Paul St

Baltimore, Md.

OCT 6 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/2 hr
Other contributory causes of importance: Chr myocarditis	6 mos.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael V. Abrams M. D.

Coroner

(Address) 2360 Eutaw place

0848 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50848

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2613 Kirk Ave St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ina Marie Richmond

If U. S. Veteran specify WAR (or) Record

(a) Residence: No. 2613 Kirk Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Richmond

6. DATE OF BIRTH (month, day, year) Oct. 19, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0 11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME L. S. Whitesell

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Josie Crabill

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT George F. Richmond

(Address) 2613 Kirk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Dayton, Va. Date Oct 8th 1938

19. UNDERTAKER William Cook

(Address) 1217 S. Paca St.

20. FILED CT 6 - 1938 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to Oct 5, 1938

I last saw h.. alive on Oct 5, 1938 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1937
Other contributory causes of importance:	

Was an operation performed? Bronchoscopy 2 years Date of

For what disease or injury? Carcinoma

Name of operation Roentgen-ray

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John S. Tenney M. D.

(Address) 3522 Greenmount Ave

50849 E 50849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 37553 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Silas Peterson

If U. S. Veteran specify WAR

(a) Residence: No. 16 E. Spring St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 4-17-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	0 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Rutherford, Ala. Date 10-6-38

19. UNDERTAKER Williams & Jackson
(Address) 916 Penna Ave

20. FILED 1938 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1938, to October 5, 1938

I last saw him alive on October 5, 1938. Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute meningitis, organism unknown	9-23-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. A. De Santelle M. D.

(Address) Baltimore City Hospitals

50850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50850

CERTIFICATE OF DEATH

X ✓ 154

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 12-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Robin Doublin If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. Alfonso, Virginia.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Edwards

6. DATE OF BIRTH (month, day, year) July 1, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seamen

10. Date deceased last worked at this occupation (month and year) 8-30-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Va.

FATHER

13. NAME Tom Doublin

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Essie Conway

16. BIRTHPLACE (city or town) (State or country) Lancaster Va.

17. INFORMANT (Address) Records- U. S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Oct. 6, 1938

19. UNDERTAKER (Address) C. Leroy Stoffler, Inc. 125 E. North Ave Huntington Williams, Md.

20. FILED 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1938, to October 3, 1938

I last saw him alive on October 3, 1938, Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis, frontal bone	9-26-38
Sinusitis, frontal, streptococci	June 1938
Meningitis, acute, suppurative, strep.	9-29-38
Other contributory causes of importance:	
	9-29-38, 9-30-38

Was an operation performed? yes Date of 10-1-38, 10-3-38

For what disease or injury? Osteomyelitis, sinusitis, meningitis.

Name of operation Blood Transfusions, spinal punctures, Incision drainage abscess; Osteotomy, frontal

What test confirmed diagnosis? path. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. H. a clerk, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

11/6

50851 F 50851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 W. Mulberry St. St., 17 Ward)

Registered No. 723

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Nickerson

(a) Residence: No. 729 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 36

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Willie Porter
(Address) 818 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct. 4th 1938

19. UNDERTAKER Edward Wilson
(Address) 1000 E. Broadway

20. FILED Oct 4 1938 by Williams, Nyce

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardio-Resp. Failure	1 day
Chronic Pulmonary Tuberculosis	2 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams, M. D.
Coroner

(Address) 2360 Eutaw Place

6-1938

50852 Uebelacker F 50852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH 3003 Phila. Rd. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

a CITY OF BALTIMORE: (No.) St., 6-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cornelius Uebelacker

(a) Residence: No. 3003 Phila. Rd. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anna Uebelacker

6. DATE OF BIRTH (month, day, year) Nov. 27 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unterlethal Germany

FATHER

13. NAME Martin Uebelacker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Hahn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Uebelacker (Address) 3003 Phila. Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct. 8, 1938

19. UNDERTAKER John J. Mooney (Address) 3003 E. Balto St.

20. FILED Oct 8 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to Oct 1938

I last saw him alive on Oct 1938 Death is said to have occurred on the date stated above, at 10:06 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia, pulmonary tuberculosis	1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. C. Tobelmann M. D.

(Address) 447 N. Kenwood Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50853

CERTIFICATE OF DEATH

94-a

F 50853

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Clara Maud Seabold.

(a) Residence: No. 2440 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sawyer

6. DATE OF BIRTH (month, day, year) about 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 74	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME H. C. Wm Seabold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Stein

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Mrs. L. M. Lewis

(Address) 4015 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct 4 38 19

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

OCT 6 - 1938 19

Huntington Williams, Mgr.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Cardiac Valvular Insufficiency	9/26/38

Other contributory causes of importance: Angina Pectoris

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John A. Evans, M. D. Coroner

(Address) Coroner

Charles Jones

50854 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50854

CERTIFICATE OF DEATH 13-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 9-8
Length of residence in city or town where death occurred ~~life~~ mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles Jones
(a) Residence: No. 1915 Argonne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME James Jones
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Modesta Claiborne
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ethel Claiborne
(Address) 1915 Argonne St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 6, 1938

19. UNDERTAKER Payne Sandell
(Address) 1413 E. Lexington St

Registrar Huntington Williams, M.D.

OCT 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) said that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute bacillary dysentery

Date of onset: Oct 3 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo Dellers M. D.

(Address) 507 Argonne St

50855 HEALTH DEPARTMENT—CITY OF BALTIMORE 50855

CERTIFICATE OF DEATH V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	7
Chronic Myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	
Hypostatic Pneumonia	4 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. R. Tunyst, M. D.

(Address) St. Josephs Hosp.

26 - 1938

50856 HEALTH DEPARTMENT—CITY OF BALTIMORE # 50856

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Beaumont ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Heiser Bennett

If U. S. Veteran specify WAR .....

(a) Residence: No. 513 Beaumont ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Bennett

6. DATE OF BIRTH (month, day, year) July 19 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Nicholas Heiser

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Edgar F Dobson

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 6 1938

19. UNDERTAKER Wm J Tighe & Son

(Address) North & Pa Aves

OCT 6 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5/1938

22. I HEREBY CERTIFY, That I attended deceased from 10/3/38 to 10/5/38

I last saw her alive on 10/4 1938 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Hypertension	1935
Cerebral Hemorrhage	10/3/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C H. Reier M. D.

(Address) 6701 York Rd

50857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50857

CERTIFICATE OF DEATH

✓107 36686 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 14th A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Snyder

If U. S. Veteran specify WAR .....

(a) Residence: No. 209 S. Mount St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 11-11-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Bury Date Oct 6th 1938

19. UNDERTAKER C. S. Jones

(Address) 1121 Wilson st

Oct 6-1938 ... Mt. Olivet Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1938, to October 4, 1938.

I last saw him alive on October 4, 1938. Death is said to have occurred on the date stated above, at 8:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-29-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50858 CERTIFICATE OF DEATH V 179 F 50858

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elijah W Monroe

(a) Residence: No. 564 Gold St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Monroe

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: Years 68 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Old Age Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spartanburg So Ca

MOTHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

FATHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Mrs Lina Morris

(Address) 228 Madison Estate

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 9/7 19 38

19. UNDERTAKER Chas H Albert

(Address) 1200 Pennsylvania Ave

DATE OCT 6 - 1938 Huntington Williams, Nurse

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): Oct 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Respiratory Failure	Oct 5 38
Other contributory causes of importance: Sodium Fluoride Intoxication	Oct 5 38

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Oct 5 1938

Where did injury occur? 564 Gold St Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed Sodium Fluoride by mistake for Epsom Salt

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Aisquith St

Recorder

V 8 6

50859

HEALTH DEPARTMENT—CITY OF BALTIMORE

50859

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Dorsey Apts St. 26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Eccoy

If U. S. Veteran specify WAR

(a) Residence: No. 3101 Dudley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura B Coey

6. DATE OF BIRTH (month, day, year) Dec 28-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bonish

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph J. Coey
(Address) 3101 Dudley ave

18. BURIAL, CREMATION, OR REMOVAL New Bath Oct 7-38

19. UNDERTAKER Jos J. Steyer & Son
(Address) 2801 Kentucky ave

DATE OCT 6 - 1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938 to Oct 4, 1938

I last saw h alive on Oct 4, 1938. Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2
Arteriosclerosis	2
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. P. Lumpt M. D.

(Address) St. Josephs Hosp.

50860 HEALTH DEPARTMENT—CITY OF BALTIMORE 50860

CERTIFICATE OF DEATH H6-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 4 5/9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham M. Cohen

(a) Residence: No. 1091 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella-

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trainee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broadway Tunnel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Nathan Cohen
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah -
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Nathan Cohen
(Address) 255 Angelica Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cemetery Date 10-6-38

19. UNDERTAKER Jno. Laura Inc.
(Address) 1398 Baltic St

20. FILED , 19 Registrar

Huntington, Hillcrest, N.Y. (Grey)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/29, 1938, to 10/6, 1938. I last saw h. alive on 10/5, 1938. Death is said to have occurred on the date stated above, at 5.30 A.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Liver,	about 5 wks.
Primary site undetermined	
Other contributory causes of importance:	
Duodenal Ulcer, Dyspepsia	
Bronchitis, & Art. Sclr.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jekiel Segal M. D.

(Address) Sinai Hospital.

50864

✓ F 50861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2159 Chelsea Ter Ward) 15-8

Length of residence in city or town where death occurred 79 yrs 5 mos 9 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Carrie C. Immler

(a) Residence: No. 2159 Chelsea Ter Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem'l | 4. Color or Race White | 5. ~~Single, Married, Widowed, or~~ Divorced ~~(write the word)~~ Widow

5a. ~~If married, widowed, or divorced~~ (or) WIFE of Geo. A Immler

6. DATE OF BIRTH (month, day, and year) April 25 1859

7. AGE 79 Years | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or county) (State or country) Balto Md

FATHER

13. NAME Geo. H. Lemmert

14. BIRTHPLACE (city or county) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Knoeffler

16. BIRTHPLACE (city or county) (State or country) Germany

17. INFORMANT Lydia Immler

(Address) 2159 Chelsea Ter.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 10/6/38

19. UNDERTAKER Geo H. Lembach

(Address) 1 E. Lafayette Ave

Registrar.

6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938 to Oct. 3, 1938

I last saw her alive on Oct 3, 1938. Death is said to have occurred on the date stated above, at 11.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

50862

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50862

CERTIFICATE OF DEATH

177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR.

2. FULL NAME Michael Agate

(a) Residence: No. 403 N. Brice St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Anthony Agate

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Leone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Agate
(Address) 403 N Brice St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 7 1938

19. UNDERTAKER Frank V. Supitone
(Address) Huntington Williams, Nyt

20. FILED ... 19 ... Registrar

OCT 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1938 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
His	
Poison Mushrooms	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Oct. 1, 1938 . 19 ...

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury He picked the mushrooms his self

Nature of injury In the Country

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. R. Carlin M. D.

(Address) 757 Mass Ave Corner

50863 ✓ F 50863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospt. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lauretta E. Braun

If U. S. Veteran specify WAR

(a) Residence: No. 1013 Maldes St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Braun

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Thelma White

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr Edward Braun

(Address) 1013 Maldes St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Oct 6th 1933

19. UNDERTAKER John F Logan & Son

(Address) 922 Gallows St

20. FILED Huntington Williams, Registrar

OCT 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry died that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	Oct 4

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M J Hanna, M. D.

(Address) 1822 W Baltimore St Coroner

50864

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50864

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 55 Tilson St. 26-450 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edmonia Tucker

(a) Residence: No. 55 Tilson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Tucker

6. DATE OF BIRTH (month, day, year) Oct-27-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Wenzel Pisecek

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. Tucker Jr.

(Address) 3525 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Date 10-7-38

19. UNDERTAKER Hill & Kelly Inc

(Address) 2025 E Monument St

20. FILED Oct 7 1938 Huntington Williams, Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938 to Oct 4th, 1938

I last saw her alive on Oct 4, 1938 Death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6 months Previous

For what disease or injury? Carcinoma Breast

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Adam Tod, M. D.

(Address) 4616 Eastern Ave

50865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50865

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 26-1 Ward)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Louise Straub

(a) Residence: No. 1200 Eagle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward J. Straub

6. DATE OF BIRTH (month, day, year) March 30, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods, Sales

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Albert Kaufe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Prill

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Frau
(Address) 1435 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL Oct 8 38
Place Holy Redeemer Cem. Date

19. UNDERTAKER Chas. F. Forrest Mortuary
(Address) 1817 N. Eutaw St.

20. FILED Oct 8 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938, to Oct 5, 1938

I last saw he alive on Sept 25, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease.	1934
Other contributory causes of importance: Chronic glomerulonephritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Livingston, M. D.

(Address) Mercy Hospital

1938

50866 V E 50866

50866 HEALTH DEPARTMENT—CITY OF BALTIMORE

× 94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Charles Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Peter Teel

(a) Residence: No. 114 Mellon Ave. Catonsville Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Susan Teel

6. DATE OF BIRTH (month, day, year) Aug 10 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr Peter Teel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie E Reeley.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Susan B Teel

(Address) 114 Mellon ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Date 10/7 35

Place London Park

19. UNDERTAKER Edward MacNabb

(Address) Catonsville Md

20. FILED 10/6, 1938 Huntington Williams, Nyst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1938, to October 5, 1938

I last saw him alive on October 5, 1938. Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10/5/38
Arteriosclerotic gangrene of both lower extremities	

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert C. Shepard M. D.

(Address) St Agnes Hospital

(Zubraski) ✓ F 50867

50867 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-C OC

1. PLACE OF DEATH Balti. City Hospitals Registered No. 57

CITY OF BALTIMORE: (No. Bay View St., 36 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Zubraski If U. S. Veteran specify WAR

(a) Residence: No. 1[illegible] Aisquith St., Ward. (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt.	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 87

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Application Clerk (Address) Welfare Dept.

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. Oct. 5 1938

19. UNDERTAKER John J. Fahey & Son (Address) 1218 Eight St.

Oct. 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the intestines	6 Months

Other contributory causes of importance: Acute Cachexia 1 Wk

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

V 8 a

F 50868

50868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a CC

Registered No. 187

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St. 761 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Grunewald

(a) Residence: No. 506 N. Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11-57

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	15	None

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as a mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Grace Grunewald

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Catherine Adams

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Grunewald (Wife)

(Address) 506 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Oct. 7-38

19. UNDERTAKER John G. Miller

(Address) 2334 Jefferson St.

Huntington Williams, Mgr.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, last on Oct 6 (Hour) (Month and day) (Year) and that I have viewed the remains and from the evidence and information received by me I pronounce the cause of death to be as stated below.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	Oct 6, 1938
Hemorrhage	
Other contributory causes of importance: Cataract both eyes	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 3, 1938

Where did injury occur? 506 N. Curley St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wood, M. D. Coroner

(Address) 1712 N. Gay St.

F 50869 (1938) HEALTH DEPARTMENT—CITY OF BALTIMORE F 50869

352d

CERTIFICATE OF DEATH

× 46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Pietro

(a) Residence: No. 1417 Ninth Ave, Altoona Ward Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pasquella San Pietro

6. DATE OF BIRTH (month, day, year) March 25-1884

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Anthony Costalli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Victoria Capopolo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cemetery Date Oct 9 1938

19. UNDERTAKER Howard E. Nabors

(Address) 201 E. Biddle St

Huntingdon-Williams Co.

20. FILED OCT 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/1/38 to Oct 6, 38

I last saw her alive on Oct 6, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca ~~head of~~ pancreas of Gall Bladder	June 1938
Other contributory causes of importance: Uns	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

50870 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50870

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Sachse

If U. S. Veteran specify WAR

(a) Residence: No. 606 E. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-16-1853

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	85	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Justis Sachse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ann Krug

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. Oct-6 38

19. UNDERTAKER John J. Fahey & Son (Address) 318 Light St.

20. FILED ... 19... Registrar. Huntington Williams, M.D.

OCT 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to October 4, 1938.

I last saw him alive on October 4, 1938. Death is said to have occurred on the date stated above, at 4:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 50871

50871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. × 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sanfrid Ahlund

(a) Residence: No. Northeast, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Ahlund

6. DATE OF BIRTH (month, day, year) August 22-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 10/4/38

11. Total time (years) spent in this occupation all 20yrs

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Edith Ahlund (wife)

(Address) Reisterstown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn M. E. Cemetery Date 10/9/38 19

19. UNDERTAKER STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

(Address)

20. FILED 19 Registrar

10-1938

V S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6/38 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance: Ruptured diverticuliti 4 yrs

Was an operation performed? yes Date of 10/5/38

For what disease or injury?

Name of operation Exploratory Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schuette, M. D.

Coroner

(Address) Towson, Md

50872 F 50872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5307 Liberty Heights St. 27th Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Bradley Zepp

If U. S. Veteran specify WAR

(a) Residence: No. 5307 Liberty Heights St. Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna J. Zepp

6. DATE OF BIRTH (month, day, year) Dec 28, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md. Maryland

FATHER

13. NAME Covington T. Zepp Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Wells

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Anna J. Zepp.
(Address) 5307 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cem. Baltimore Md. Date Oct. 8 1938

19. UNDERTAKER Easton Lone
(Address) Catonsville Md.

20. FILED Oct 10 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6. 1938

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19 ... to October 6th. 1938.

I last saw him alive on Oct 5th. 1938. Death is said to have occurred on the date stated above, at 7 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans (Parkinsons Disease)	1928
Other contributory causes of importance: Cardiac Asthenia	Sept 23 37 10 days

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Herbert E. Zepp M. D.
(Address) 3048 W. North Ave.

1938

M. D. B. 1268-9

F 50873

50873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N. Chester St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Catherine O'Neil

(a) Residence: No. 1820 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John O'Neil

6. DATE OF BIRTH (month, day, year) Feb. 1, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7 8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange County, Virginia

FATHER

13. NAME Robert Richardson

14. BIRTHPLACE (city or town) (State or country) Orange County, Virginia

MOTHER

15. MAIDEN NAME Elizabeth Blakey

16. BIRTHPLACE (city or town) (State or country) Orange County, Virginia

17. INFORMANT Elsie Brill (daughter-in-law)
(Address) 820 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 7, 1938

19. UNDERTAKER F. Vernon Kechner
(Address) 2201 Edmondson Ave

Filed 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to Oct 7, 1938

I last saw h[illegible] alive on Oct 3, 1938. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Oct 2 1938
Arteriosclerosis of Brain & Myocarditis	

Other contributory causes of importance:

Arteriosclerosis of Kidneys & Angina

Name of operation Biopsy (neoplasm) Date of 5/11/38

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Isaac Hays M.D. M. D.

(Address) 1931 E North Ave.

50874 E 50874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Harris Ridgley

If U. S. Veteran specify WAR

(a) Residence: No. Lineton University Pa (Street) Penn Depot Pa

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Harris Ridgley

6. DATE OF BIRTH (month, day, year) 8/11/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER

13. NAME Frank Ridgley

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Nancy Harris

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Dan'l Ridgley Jr

(Address) Piedmont W Va

18. BURIAL, CREMATION, OR REMOVAL

Place Penn Pa Date Aug. 1938

19. UNDERTAKER H C Rogers

(Address) Penn Pa

Filed Aug 6 1938 Huntington Williamson, W. Va.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) F 6-1938	10/6/38
Coronary thrombosis	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury? None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Gray, M. D.

Coroner

(Address)

50875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50875

11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 N Front St. 5-1 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M Weaver

If U. S. Veteran specify WAR

(a) Residence: No. 147 N Front St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Otto Weaver

6. DATE OF BIRTH (month, day, year): Dec - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 2037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm J Owens

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Annie Hampton

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Otto Weaver
(Address) 147 N Front St

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem. Date: 10-8- 1938

19. UNDERTAKER: Pyle & Riley Inc
(Address) 2435 E Pratt St

Filed 10-8- 1938

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1935 to Oct. 5, 1938

I last saw her alive on Oct. 3, 1938. Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 days
Other contributory causes of importance:	over

Was an operation performed? No ✓ Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isidor I Levy M. D.

(Address) 2324 Eastern Place

50876 HEALTH DEPARTMENT—CITY OF BALTIMORE 50876

CERTIFICATE OF DEATH V 23

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 104 E. Hughes St. 22-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Charles Dinse
If U. S. Veteran specify WAR ? Record

(a) Residence: No. 1098 E. Hughes St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Matilda

6. DATE OF BIRTH (month, day, year) Nov. 10 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Sugar Ref
10. Date deceased last worked at this occupation (month and year) Aug 1938
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Fluda Penna

FATHER
13. NAME ? Dinse
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Matilda Dinse
(Address) 1098 Hughes St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 10/8 1938
Williams Cook
19. UNDERTAKER 1217 St Paul St.
(Address)

20. FILED Registrar.

OCT 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Augt 1938 to Oct 6 1938
I last saw her alive on Oct 6 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Indef
Other contributory causes of importance: Acute dilatation of heart	10/3/38

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

10/6/38 (Signed) R. C. Campbell M. D.
(Address) 1644 Hanover

50877 E 50877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyderhorn Hospital St., ... Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James albert Phillips — If U. S. Veteran specify WAR .....

(a) Residence: No. Central Ave., Catonsville Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John Phillips

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother
(Address) Central Ave. Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 10/7/38

19. UNDERTAKER Wm Cook
(Address) 1219 E Fayette

20. FILED 1938 Wm. J. Tillman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 4 1938 to October 6 1938
I last saw him alive on October 6 1938 Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcic Laryngitis,	Oct 1, 38
Laryngeal Diphtheria	

Other contributory causes of importance:

Was an operation performed? Yes Date of October 5 '38
For what disease or injury? Staphylococcic Laryngitis,
Name of operation Tracheotomy
What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Harry S. Gimbel M.D.
(Address) Lyderhorn Hospital

50878

HEALTH DEPARTMENT—CITY OF BALTIMORE

50878

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 E. Hamburg St. 24-3 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary. Bryant.

(a) Residence: No. 302 E Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. E. Bryant.

6. DATE OF BIRTH (month, day, year) Feb 29 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Edw E. Bryant
(Address) 302 E. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross C & C Date 10-10 38

19. UNDERTAKER Bernard C. Harle
(Address) 121 E West St.

20. FILED ..... 19 ..... Registrar

CT 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3 1937 to Oct 6th 1938

I last saw he alive on Oct 6th 1938. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 hr.
Other contributory causes of importance: Arteriosclerosis	3 mo.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Irvine Hall M. D.

(Address) 1279 Milton Ave

50879 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50879

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 N. Wolfe St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jeanette C. Lynch

(a) Residence: No. 1905 N Wolfe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Wm. C. Lynch

6. DATE OF BIRTH (month, day, year) June 11-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm C Brooks

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Susan Cole

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. George Bellis

(Address) 1905 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Oct 7 38

19. UNDERTAKER Carrie S. Davis

(Address) 3418 Chestnut Ave.

20. FILED Huntington Williams, Wm. C.

Oct 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-4- 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct-4- 1938, to Oct 4 1938

I last saw her alive on Oct 4 1938 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/4/38
Other contributory causes of importance: Edema of Lungs	10/4/38

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Gill Hall M. D.

(Address) 1631 E North Ave.

E 50880

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50880

CERTIFICATE OF DEATH

V 107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 12 N. Caroline St. 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Scott

(a) Residence: No. 12 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4th 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pollard Ga

FATHER

13. NAME Josiah Scott

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Thomas A. Scott
(Address) 12 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 10-8 1938

19. UNDERTAKER Robert Dennis & Co
(Address) 1210 Eutaw St

20. FILED 19 Registrar

10-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1938 to Oct 5 1938

I last saw h[illegible] alive on Oct 5 1938 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis Pneumonia	Sept 29

Other contributory causes of importance:

Not Operated

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Robert L. Hardy M. D.

(Address)

50881 F 50881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 36

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Augusta Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter C. McKee

If U. S. Veteran specify WAR

(a) Residence: No. 312 S. Augusta Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathryn L. McKee

6. DATE OF BIRTH (month, day, year) Feby 11 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Estimator Machinery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME James McKee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Foster

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. Kathryn L. McKee

(Address) 312 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 8th 1938

19. UNDERTAKER John J. Conway Co

(Address) 901 Fulton Ave

20. FILED 10-17-1938 Huntingtown Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15 1938 to Oct 6 1938

I last saw him alive on Oct 5 1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacteriemia Streptococcus Viridans	Nov. 1937
Other contributory causes of importance: Acute Myocarditis	
Chronic Valvular Heart Disease Mitral	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson, M. D.

(Address) 3432 Fremont

50882 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50882

CERTIFICATE OF DEATH rhw--10399

Registered No. 10 7-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR

2. FULL NAME John Goodwater

(a) Residence: No. 827 N. Cross St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 65 unknown				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Pk. Date Oct 7 1938

19. UNDERTAKER John J. Collins Coroner (Address) 1501 Collins St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1936, to October 5, 1938

I last saw him alive on October 5, 1938. Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-28-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50883

883

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lt Jarvis Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Vina Proud

(a) Residence: No. 1614 and Belair Road St., (County) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph E. Proud

6. DATE OF BIRTH (month, day, year) April 28 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Charles Ryan

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Susan Ryan

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Joseph Proud

(Address) 1614 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial Date Oct 7 1938

19. UNDERTAKER Fuller Funeral Home

(Address) 1900 Eutaw Pl.

OCT 7 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1938, to October 5, 1938

I last saw her alive on October 2, 1938 Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary thrombosis	
cerebral clot	
Other contributory causes of importance:	
Senile Debility	
arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? E.C.G. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. P. Arnopt M. D.

(Address) St. Josephs Hosp.

AACo. 5-11 250B

50884 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 50884

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Poplar Grove St. 16-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustave V. Dandelet

(a) Residence: No. 1308 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Lucia Nelle Dandelet

6. DATE OF BIRTH (month, day, year) May 25-1856

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
82	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired French Interpreter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prof. 10 27
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Francois C.
14. BIRTHPLACE (city or town) (State or country) Paris France

MOTHER

15. MAIDEN NAME Marguerite Gugt
16. BIRTHPLACE (city or town) (State or country) Paris France

Daughter.

17. INFORMANT Marguerite Curtrose
(Address) 1308 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date Oct. 8 1938

19. UNDERTAKER F. A. Branning
(Address) 2304 Edmondson Ave

OCT 7 1938

Huntington Maryland, Oct 7

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27th, 1938 to Oct 5th, 1938

I last saw h— alive on Oct 4th 1938 death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease	Dec '37

Other contributory causes of importance:

Senility

Name of operation None Date of —

What test confirmed diagnosis? Clinical diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Culverhouse M. D.
(Address) 1401 Eutaw Pl

50885 E 50885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Belt St. St. 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert John Mahlsted

(a) Residence: No. 1407 Belt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Carl R. Mahlsted

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Viola C. Lauterbach

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Mrs. Viola C. Mahlsted
(Address) 1407 Belt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A. Cem. Sept 8 1938

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

Huntington Williams, N.Y.

20. FILED OCT 7 - 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 ... to Oct 6 ... 1938

I last saw h. alive on Oct 6 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dil	10/6/38
Other contributory causes of importance: Acute Thrombosis	Oct 1/38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, state ...

(Signed) Louis Fogel M. D.

(Address) 2028 Eutaw Pl Balto

NICKENS ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50886

CERTIFICATE OF DEATH

82-a F 50886

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Milton Nickens

(a) Residence: No. 516 Amerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Nickens

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Adah Bangley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Santia Nelson
(Address) 610 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 10/8 1938

19. UNDERTAKER Joseph B. Locke & Son
(Address) 342 Huntington Ave Boston, Mass.

OCT 7 - 1938
(Date Received) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) (herein and from the records) (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	Oct 4 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

INSTRUCTION IS VERY IMPORTANT. See instructions on back of certificate.

V 58

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50887

CERTIFICATE OF DEATH

82-9 F 50887

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 12-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Marshall alias Jones If U. S. Veteran specify WAR

(a) Residence: No. 2316 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Cleota Marshall

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME Lewis Marshall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Theresa Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Alfred Jones

(Address) 2316 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Albion Cemetery Date Oct 7th 1938

19. UNDERTAKER Eugene Waters

(Address) 1000 Brantley Avenue

Filed OCT 7 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held post mortem thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came autopsy

to his death on the day stated above. his

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	Oct 1 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Will fell out of bed

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 58 Jamestown Pl.

50888 ✓ # 50888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B 2-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Wells

(a) Residence: No. 2102 Oak St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) September 28, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2 days & 2 hrs.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Wells

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Burrell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date OCT 7 - 1938

Commissioner of Health

19. UNDERTAKER ... Per H. A. Moore
(Address)

FILED OCT 7 - 1938 ... Registrar.

4352

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 28 1938 to September 30, 1938

I last saw her alive on September 30, 1938. Death is said to have occurred on the date stated above, at 3 08 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) John Whitridge Jr. M. D.

(Address) The Johns Hopkins Hospital

0889 ✓ F 50889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. 254

CITY OF BALTIMORE: (No. 1112 Haverhill Road St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth McCleary

(a) Residence: No. 1112 Haverhill Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Perry McCleary

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	7	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Monroe Taliaferro

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Marian Grimes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Perry McCleary
(Address) 1112 Haverhill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 8 1938

19. UNDERTAKER [illegible]
(Address) 1008 E. Baltimore St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5 1938

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 30 1938 to Oct 5 1938

I last saw her alive on Oct 5 1938 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

Coronary, arteriosclerosis

	Date of onset

Other contributory causes of importance:

[illegible] gallstones gen 3 hrs

Was an operation performed? no Date of ...

For what disease or injury? none

What test confirmed diagnosis? clinical Was there an autopsy? ...

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 2 Co. Road

50890

HEALTH DEPARTMENT—CITY OF BALTIMORE

50890

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John J Dailey

If U. S. Veteran specify WAR .....

(a) Residence: No. Wood lawn, Md. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Katherine Dailey

6. DATE OF BIRTH (month, day, year) Feb. 24, 1852.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Dailey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Orphey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Edna [illegible] Germack

(Address) Wood lawn, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Oct. 7 19 38

19. UNDERTAKER J. Andrew

(Address) 2005 W. Baltimore St.

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938 to Oct 5, 1938

I last saw him alive on October 5, 1938. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	3
Renal insufficiency	6 mos
a. Arteriosclerotic Cardiovascular Disease	2
b. Hydronephrosis	2
Other contributory causes of importance:	
Hypertrophied prostate	2
Urinary Retention	June '38

Was an operation performed? Yes Date of 10-1-38

For what disease or injury? Prostatic Hypertrophy

Name of operation Suprapubic Prostatectomy

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. C. Vollmer M. D.

(Address) Mercy Hospital

VS 3

50891 ✓ F 50891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Adam Kutz (36465)

(a) Residence: No. 719 S. Linwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) Dec. 9, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk prod

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Adam

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Urbenski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date 6/10/38

19. UNDERTAKER Kusker & Faulkowski Inc
(Address) 1000 S. Stremmel Ave

20. Date OCT 7 - 1938 Huntington Williams Registrar

G+G.

MEDICAL CERTIFICATE OF DEATH C

21. DATE OF DEATH (month, day, year) October 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1938 to October 6, 1938

I last saw him alive on October 6, 1938 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	1938 ?
	prev

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V.S.

50892 HEALTH DEPARTMENT—CITY OF BALTIMORE 50892

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Parr

If U. S. Veteran specify WAR

(a) Residence: No. 1314 Wilson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	6 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) Child

11. Total time (years) spent in this occupation Child

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William G. Parr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cora Belle Churchey

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Father William G. Parr

(Address) 1314 Wilson St.

18. BURIAL, CREMATION, OR REMOVAL

Int Mount Cumbey Date Oct 7, 1938

19. UNDERTAKER Edmund W. Conkling & Son

(Address) 924 Eager St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1938 to Oct 5, 1938

I last saw him alive on Oct 1, 1938. Death is said to have occurred on the date stated above, at 5 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	2 wks
	about
Other contributory causes of importance:	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyst, M. D.

(Address) St. Josephs Hosp.

CT 7 - 1938

M. D. B 126-39

50893

F 50893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 E. Preston St. 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Fallon — If U. S. Veteran specify WAR ...

(a) Residence: No. 1119 Forest St. St., 10 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) July 6 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — General Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Baltimore City

10. Date deceased last worked at this occupation (month and year) — 10/38

11. Total time (years) spent in this occupation — 20

12. BIRTHPLACE (city or town) (State or country) — Baltimore Md

FATHER

13. NAME — Peter F. Fallon

14. BIRTHPLACE (city or town) (State or country) — Hazleton Penna

MOTHER

15. MAIDEN NAME — Elizabeth Conroy

16. BIRTHPLACE (city or town) (State or country) — Ireland

17. INFORMANT — Mrs. Henry B. Nuttle

(Address) 1119 Forest St

18. BURIAL, CREMATION, OR REMOVAL — New Cathedral Cemetery Date Oct 6, 1938

19. UNDERTAKER — Edwin H. Conklin & Sons

(Address) 914 E. Fayette St.

20. FILED ... 19 ... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained, by me and Inquiry, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Samuel A. Roth Coroner M. D.

(Address) 1331 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

50894

HEALTH DEPARTMENT—CITY OF BALTIMORE

50894

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2124 Penna Ave 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Hicks

(a) Residence: No. 2124 Penna Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Hicks

6. DATE OF BIRTH (month, day, year) Sept 12-1896

7. AGE: Years 42 | Months 0 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry Hicks
(Address) 2124 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. 10/8/ 38

19. UNDERTAKER Mrs Peter R. Williams.
(Address) 363 N. Schroeder St.

OCT 7 - 1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Sub arachnoid Hemorrhage	Oct 5 38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo L Dallam M. D.

(Address) 520 Lexington St

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

50895 HEALTH DEPARTMENT—CITY OF BALTIMORE 50895

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 E. Biddle St. St. 16-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Paul Avarella

(a) Residence: No. 1401 E. Biddle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angela Avarella

6. DATE OF BIRTH (month, day, year) Oct. 4th 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enna Italy

FATHER

13. NAME Signorino Avarella

14. BIRTHPLACE (city or town) (State or country) Enna Italy

MOTHER

15. MAIDEN NAME Anna Leonardi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Angela Avarella (Wife)

(Address) 1401 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Oct 8 1938

19. UNDERTAKER Frank Della Rocca

(Address) 532 N Morley St.

20. FILED Oct 7 1938 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1938 to Oct. 5, 1938

I last saw him alive on Oct. 4, 1938 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	10/3/38
Other contributory causes of importance:	
Acute bronchitis	9/30/38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Sa. Iannuzzi M. D.

(Address) 511 Medical Arts Bldg.

VS 8

F 50896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50896

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 16-6 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace C Clay

(a) Residence: No. 2660 E Edmondson Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W.	Married

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of John L. Clay

6. DATE OF BIRTH (month, day, year) July 22 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Samuel Shields

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Laura Frischer

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT John L. Clay

(Address) 2660 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Oct 10 1938

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson ave.

20. FILED Huntington Williams, Dpty

7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to (Inquest, Autopsy or Inquiry)

her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	38.
Pulmonary Tuberculosis	38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Hanna M. D.

(Address) 1822 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

50897

HEALTH DEPARTMENT—CITY OF BALTIMORE

50897

CERTIFICATE OF DEATH

V 13-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 2 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Conrad Gawronski

(a) Residence: No. 425 S Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Child

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore

FATHER

13. NAME Chester Gawronski

14. BIRTHPLACE (City or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Genevive Bednarek

16. BIRTHPLACE (City or town) (State or country) Baltimore

17. INFORMANT Genevive Gawronski
(Address) 425 S. Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct. 8 1938

19. UNDERTAKER Fred W Ozogowski
(Address) 1930 Eastern Ave.

OCT 7 - 1938

20. FILED ... Registrar.

Wilmot, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 . 1938 to Oct 7 . 1938

I last saw h/m alive on Oct 7 . 1938 Death is said to have occurred on the date stated above, at 1 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentary	
Otitis Media	Nov
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Jerome Harry M. D.

(Address) Sinai Hosp

OCCUPATION is very important. See instructions on back of certificate.

V8 3

50898 Leonidas J Kourtesis F 50898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

Registered No. 1877

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 2 E 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leonidas Solomon Kourtesis

(a) Residence: No. 715 S. Wolfe St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of?

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broadway Market

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Asia Minor Turkey Greece

FATHER

13. NAME John Kourtesis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Mary Stefano

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Sonia Kourtesis Cousin

(Address) 611 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Oct 7 1938

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

Huntington Williams, West Va.

20. FILED OCT 7 1938

V 8 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described here, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 Minutes
Other contributory causes of importance: Valvular heart disease	5 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1711 E. Baltimore St.

50899 Gary Lee Eckels 50899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 133

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Eaton & Wilkens Ave. Ward) 20-7

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gary Lee Eckels

(a) Residence: No. 111 N. Monastery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 24 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1 1/2	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alfred P. Eckels

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Lucille Klein

16. BIRTHPLACE (city or town) (State or country) Sandy Point Md.

17. INFORMANT (Address) Mr. Alfred P. Eckels 111 N. Monestary Ave

18. BURIAL, CREMATION, OR REMOVAL Place W. Line Date Oct. 8 1938

19. UNDERTAKER (Address) William J. Tickner & Sons North & Pennsylvania Aves

20. FILED OCT 7 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1938, to Oct 6th 1938
I last saw h[illegible] alive on Oct. 6th 1938 Death is said to have occurred on the date stated above, at 1:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	10-1-38
Other contributory causes of importance: Terminal Septicemia	10-5-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes' Hospital

50900

HEALTH DEPARTMENT—CITY OF BALTIMORE

50900

CERTIFICATE OF DEATH

✓45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Bonner Road St. 15-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace E. Matthews

(a) Residence: No. 3809 Bonner Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Matthews

6. DATE OF BIRTH (month, day, year) December 1, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME George E. Faust

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Borchering

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Ted. E. Moran
(Address) 2603 N. 4th St. Harrisburg, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date Oct. 8, 1938

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.
(Address) North & Pa. Ave.

20. FILED Oct 7 - 1938 A. Lington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Octo 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1937 to October 6, 1938

I last saw him alive on October 5, 1938. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	Sept '37
Glandular metastasis -	Dec '37

Other contributory causes of importance:

Was an operation performed? Yes - Date of Octo '37

For what disease or injury? Carcinoma of tongue

Name of operation Biopsy of lesion

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Edel M. D.

(Address) 3403 Gartsmore Blvd.

50901 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 50901

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4806 Haddon Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yr. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leonore R. Nordenholtz
If U. S. Veteran specify WAR .....
(a) Residence: No. 4806 Haddon Ave. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herbert Nordenholtz
6. DATE OF BIRTH (month, day, year): Sept. 9, 1867
7. AGE: Years 71 | Months 0 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: Paul Morgan
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Agnes Benson
16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Dr. Herbert Nordenholtz
(Address) 4806 Haddon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 10 19 38

19. UNDERTAKER: Wm. J. Ives & Son
(Address) North & Pennsylvania Aves

20. FILED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Oct 6, 1938
I last saw h[illegible] alive on Oct 5, 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	

Other contributory causes of importance:
Dyspnea
Cardio vascular Renal Disease

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) L. R. Nordenholtz M. D.
(Address) 4710 Liberty Hts Ave

50902 F 50902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Eagle St. St., 10-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances L. Reigle

(a) Residence: No. 2127 Eagle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William F.

6. DATE OF BIRTH (month, day, year) Aug 10 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georg County Md.

FATHER

13. NAME Jacob D Shaw

14. BIRTHPLACE (city or town) (State or country) Prince George County Md.

MOTHER

15. MAIDEN NAME Elizabeth Bell

16. BIRTHPLACE (city or town) (State or country) Prince George County Md.

17. INFORMANT Franklin Reigly
(Address) 2127 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stephens Cemetery Date Oct. 8 38

19. UNDERTAKER Cambor, Inc.
(Address) 1017 W. Lexington St.

20. FILED Oct 7 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1938 to Oct 5, 1938

I last saw her alive on Oct 5, 1938. Death is said to have occurred on the date stated above, at 1130 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caranoma of Breast	10 years
Senility	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert Kornreich M. D.

(Address) 1934 W Lexington Av

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50903

CERTIFICATE OF DEATH

V F 50903

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Humphrey Boone

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 14 E. Chase St., city Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	W	S

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Boone

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Sarah Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) H. Marshall Boone (nephew) 1010 Munsey Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date Oct. 10 1938

19. UNDERTAKER (Address) STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1938, to Oct 6, 1938

I last saw him alive on Oct 6, 1938. Death is said to have occurred on the date stated above, at 11:37 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1937 (fall)
(over)	
Other contributory causes of importance:	

Was an operation performed? yes Date of April 38

For what disease or injury? Carcinoma of bladder

Name of operation Excision bladder tumor and radium implantation

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard W. Worthington M. D.

(Address) Union Memorial Hosp.

50904 F 50904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Mt Royal St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Walsh

If U. S. Veteran specify WAR

(a) Residence: No. 2026 mt Royal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
5y	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington Ky

FATHER

13. NAME James Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Leibich

16. BIRTHPLACE (city or town) (State or country) Cincinnati

17. INFORMANT E. C. Leibich

(Address) 607 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Ca Cathedral Date Oct 8 1938

19. UNDERTAKER Henry Kirby & Co

(Address) Cathedral & Centre Sts

20. FILED Oct 8 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Degeneration	One yr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

1939 H

50905 E 50905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 N. Luzerne St., (Ward) 15th

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Lena Thompson

(a) Residence: No. 1426 N. Luzerne Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

8a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 24, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Thompson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martha Logan

16. BIRTHPLACE (city or town) (State or country) Balt., Md.

17. INFORMANT Edward Thomas

(Address) 1426 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/8/38

19. UNDERTAKER Margaret G. Flynn

(Address) 2105 N. Eutaw St.

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Left Breast	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kaw, M. D.
Coroner

(Address) 1215 Garrett St.

OCCUPATION is very important. See instructions on back of certificate.

50906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

F 50906

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Tumminello

(a) Residence: No. (637) 637 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Tumminello

6. DATE OF BIRTH (month, day, year) Apr 14, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER FATHER

13. NAME Cornello Tumminello

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Mrs. Cecelia Tumminello. 637 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Oct. 8 1938

19. UNDERTAKER (Address) John A. Grebliunckys Jr 423 S. Paca Street

Huntington Williams, Wm.

Oct 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/24 1938 to 10/5 1938

I last saw him alive on 10/1/38 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary edema	9/25/38
Rheumatic C.V.D.	?
Tuberculous pneumonia	9/24/38

Other contributory causes of importance:

Nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. T. Leasby, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

50907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50907

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 E 22nd St 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME Mary A. O'Donnell

If U. S. Veteran specify WAR .....

(a) Residence: No. 447 E 22nd St, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick O'Donnell

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Honora A Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Ed Corrigan

(Address) 447 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Oct 8 1938

19. UNDERTAKER Mary M. Medbury

(Address) 421 E 22nd St

20. FILED Oct 8 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1938, to Oct 5, 1938

I last saw her alive on Oct 5, 1938. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Sept 6
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H H Pearce M. D.

(Address) 2105 Clark St

50908

HEALTH DEPARTMENT—CITY OF BALTIMORE

50908

CERTIFICATE OF DEATH

51-B35191 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Johnson

(a) Residence: No. 600 N. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-15-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	2 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Theresa Temple

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date Feb 8 1938

19. UNDERTAKER Penn-Mayfield
(Address) Huntington Williams, Inc.

20. FILED 7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1938 to 10-5, 1938

I last saw him alive on 10-4, 1938. Death is said to have occurred on the date stated above, at 9:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder with metastasis	Unknown
Other contributory causes of importance	

Was an operation performed? yes Date of 8/19/38

For what disease or injury?

Name of operation Fulgeration of Bladder Tumor

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto City Hosp.

50909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50909

154 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR.

2. FULL NAME Anna Rickell

(a) Residence: No. ... St., ... Ward. Westminster Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of Steward Rickell

6. DATE OF BIRTH (month, day, year) March 23, 1916

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	22	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Walter Povarow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Sergeeva

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Steward Rickell
(Address) Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Date Oct. 10, 1938

19. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.

20. FILED ... 1938 ... Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct. 8, 1938

I last saw her alive on Oct. 8, 1938. Death is said to have occurred on the date stated above, at 3.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco osteomyelitis C	unknown
acute exacerbation	
Other contributory causes of importance:	
acute Staphylococcus Septicemia	9/28/38

Was an operation performed? yes Date of Oct. 2

For what disease or injury? C

Name of operation Incision & Drainage of thigh

What test confirmed diagnosis? B. Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. L. Cunningham, M. D.

(Address) Mercy

OCCUPATION IS VERY important. See INSTRUCTIONS on back of CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50910

CERTIFICATE OF DEATH

F 50910

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Dennison St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Rose C Bowers

(a) Residence: No. 504 Dennison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): Oct 30 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired from Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Henry Bowers

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Catherine Stumpf

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Emma Schoolher 504 N. Dennison St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date 10/8, 1938

19. UNDERTAKER (Address): Williams Cook 217 St. Paul St.

20. FILED: Huntington Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933 to Oct 6, 1938

I last saw h alive on Oct 5, 1938 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
diabetes mellitus	1930
generalized arteriosclerosis	1934
Other contributory causes of importance: cardiac failure	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H Kemp M. D.

(Address)

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

50911

HEALTH DEPARTMENT—CITY OF BALTIMORE

50911

CERTIFICATE OF DEATH 37479 (MF)

51-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward [illegible]

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Donald Smith

(a) Residence: No. 512 W. Lee St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel

6. DATE OF BIRTH (month, day, year) 8/9/1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Marion Smith

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Alice Van Buren (dead)

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Oct 10 38

19. UNDERTAKER James Sadays

(Address) 142 N Wolfe St

20. FILED Huntington Williams, Registrar.

Oct 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-28-1938 to 10-6-1938

I last saw him alive on 10-6-1938 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Right Testicle with metastasis	over 15 months
Other contributory causes of importance:	

Was an operation performed? yes Date of 7-30-37

For what disease or injury?

Name of operation Orchidectomy Right

What test confirmed diagnosis? Pathologic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E R Woodward Jr. M. D.

(Address) Balto City Hosp

F 50912

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50912

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Orland St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Johnson

(a) Residence: No. 535 Orland St., Ward.

(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wesley Johnson.

6. DATE OF BIRTH (month, day, year) Nov 11, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Northumberland Co, Va

FATHER

13. NAME Thomas Cotton

14. BIRTHPLACE (city or town) (State or country) " " N.C.

MOTHER

15. MAIDEN NAME Frances Kay

16. BIRTHPLACE (city or town) (State or country) " " N.C.

17. INFORMANT Wilbur Lee

(Address) 535 Orland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date OCT 3 1938

19. UNDERTAKER Adolphus Fielding

(Address) 1538 Druid Hill Ave

20. FILED Huntington Williams, Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) learned as said that said deceased came to death on the day stated above. 7:30

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Hara, M. D. Coroner

(Address) 12 E Franklin

50913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50913

CERTIFICATE OF DEATH

99 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1471 Bryce St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 57 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Harry Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1471 Bryce Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline Johnson

6. DATE OF BIRTH (month, day, year) Feb 24 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	19	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Pauline Johnson
(Address) 1471 Bryce Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct 8 '38

19. UNDERTAKER Mrs Geo H Packard
(Address) 1631 Bond St Balto

20. FILED Oct 8 1938 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1938 to Oct 6 1938

I last saw h alive on Oct 3 1938. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
(Hypertension)	
Other contributory causes of importance: Malignant Chronic Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hunting Williams, M. D.

(Address) 22 E Mount Vernon Pl

OCCUPATION is very important. See instructions on back of certificate.

8-1938

14

50914 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50914

CERTIFICATE OF DEATH 37675 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 1607 McCulloh st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1-6-1885 1688

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50 ~~53~~	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Norfolk Hicks

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME ? Brown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asheville, N. C. Date Oct. 8: 1938

19. UNDERTAKER Mrs. George D. Holland

(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1938, to October 7, 1938.

I last saw her alive on October 7, 1938. Death is said to have occurred on the date stated above, at 7.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-2-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) H. C. McSantable M. D.

(Address) Baltimore City Hospitals

OCT 8 - 1938

Mrs. Geo. D. Holland, Asheville, N.C.

17

50915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50915

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp (Ward) 9-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Patrick Cash

(a) Residence: No. 1314 Homewood Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Callahan

6. DATE OF BIRTH (month, day, year) Mar 17 63

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired pl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Ross.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ? Dohoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 10, 1938

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Fremont Ave

Registrar.

8 Oct 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/12 1938, to 10/6 1938

I last saw him alive on 10/6 1938 Death is said to have occurred on the date stated above, at 9:00 Pm.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset ?

Senility — Date of onset ?

Other contributory causes of importance:

Was an operation performed? yes Date of 9/24/38

For what disease or injury? Possible subdiaphragmatic abscess

Name of operation Exploratory Laparotomy

What test confirmed diagnosis ~~Clinical~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Crumpt M. D.

(Address) St. Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

50916 F 50916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Port St., 6-V Ward)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine Vogel Milchling

If U. S. Veteran specify WAR .....

(a) Residence: No. 110 N. Port st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Milchling

6. DATE OF BIRTH (month, day, year) Sept 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Barper Spohn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John A Milchling 110 N Port st

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 10 38

19. UNDERTAKER (Address) F V Spaltone 2016 E Balto st

20. DATE OCT 8 - 1938 19. Huntington Station, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 38, 1938 to Oct 7 38, 1938

I last saw h alive on Oct 6 38, 1938. Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Generalized arterio Sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H J Tankersley, M. D.

(Address) 114 N Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50917

CERTIFICATE OF DEATH

173

F 50917

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Arunah St., abe 6 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Berg

(a) Residence: No. 3007 Arunah Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: 15 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: August Berg

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Anna Phell

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs Leroy Berg 3007 Arunah ave

18. BURIAL, CREMATION, OR REMOVAL: Place Woodland Cem. Date 10-8-38

19. UNDERTAKER (Address): Arnold J. Finke 1901 Edmondson Ave

Registrar

OCT 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Friday Oct. 07, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 2.20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bullet wounds	
through heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 10/1, 1938

Where did injury occur? 3007 Arunah Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot with pistol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Starr Coroner, M. D.

(Address) 1145 Hanover

USE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50918 : CERTIFICATE OF DEATH 167 F 50918

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Arunah Ave. St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Mrs Anna Berg

(a) Residence: No. 3007 Arunah Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR, RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augustof M. Berg

6. DATE OF BIRTH (month, day, year):

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: ? Pfaff

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs Hugo Augustsson 2531 Mountain Ave,

18. BURIAL, CREMATION, OR REMOVAL: Place Maryland Memorial Park Oct 8-38

19. UNDERTAKER (Address): Bernard C Funk 1907 Edmondson ave

20. FILED OCT 8 - 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above. 2.20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bullets in chest	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 10/ 1935

Where did injury occur? 3007 Arunah ave, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Shot with pistol.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hare, M. D. Coroner

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

50919 HEALTH DEPARTMENT—CITY OF BALTIMORE 50919

CERTIFICATE OF DEATH

5-9

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 47-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul C. Mayer Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 5203 Fremont Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 22nd 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Paul Christian Mayer Sr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Edna Bauer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Paul C. Mayer Jr.
(Address) 5203 Fremont Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 8/10/38

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED OCT 8 - 1938 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1938 to October 5, 1938

I last saw h... alive on October 5, 1938 Death is said to have occurred on the date stated above, at 1:32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Acute Intestinal Intoxication	
Acute Malaria	
Convulsions	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Turnest, M. D.

(Address) St. Josephs Hosp

M. D. P. 1263-9

50920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50920

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Bethel St. Ward) 2-3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Bernadine Baranowski

(a) Residence: No. 518 S. Bethel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19th 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Martin S. Baranowski

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Veronica B. Poremski

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. Veronica Baranowski
(Address) 518 S. Bethel Street

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Oct 10th 1938

19. UNDERTAKER Elgin R. Weber
(Address) [illegible]

20. FILED OCT 8 - 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Oct 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th 1938 to 1938

I last saw h[illegible] alive on Oct 7th 1938 Death is said to have occurred on the date stated above, at 11/30 A. M. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	Oct 3 1938

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. F. Lee M. D.

(Address) 24 S. Bway

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0921

✓ F 50921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (Ward) 9-9

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

U. S. Veteran (Specify WAR)

2. FULL NAME Frederick W Munley

(a) Residence: No. 1108 Federal St., St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Leland Munley

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Rita Robey

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Leland Munley
(Address) 1108 Federal st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Red Date 10-8- 38

19. UNDERTAKER Leonard Peck
(Address) 5305 Harford Av.

Huntington Williams, M.D.

OCT 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia (Primary)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ___ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50922

CERTIFICATE OF DEATH

MB 23 F 50922

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry M. Underwood

If U. S. Veteran specify WAR .....

(a) Residence: No. 516 E. 25th Street St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/1/1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Underwood

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ~~Martin~~ Elizabeth Wood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 8 1938

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Penna. Aves.

20. FILED OCT 8 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938 to October 6, 1938

I last saw him alive on October 6 1938 Death is said to have occurred on the date stated above, at 10:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-1-38
Other contributory causes of importance: Arteriosclerosis Unknown	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Santalla, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

Mary K. Nelson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50923 CERTIFICATE OF DEATH 95-A F 50923

1. PLACE OF DEATH Franklin Square Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Eastern St., 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Lifetime

2. FULL NAME Mary K Nelson

(a) Residence: No. 1702 N Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 20 1870

7. AGE: Years 68 | Months 7 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C & P. Tel Co
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER
13. NAME: Alexander Nelson
14. BIRTHPLACE (City or town) (State or country): Trenton N J

MOTHER
15. MAIDEN NAME: Anna M Reed
16. BIRTHPLACE (City or town) (State or country): Ireland

17. INFORMANT (Address): Emma Nelson 1702 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL: Parkwood Cem Date: Oct 10-38

19. UNDERTAKER (Address): Chas. P. Sauerwein Inc 1130 E. Fayette St

20. FILED: OCT 8 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/7/1938

22. I HEREBY CERTIFY, That I attended deceased from 9/29/1938 to 10/7/1938

I last saw h[illegible] alive on 10/7/1938. Death is said to have occurred on the date stated above, at 10[illegible] m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset

Other contributory causes of importance:

Hypertension cardio vascular disease

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. Battaglia M. D.

(Address) 7 E. Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

50924 E 50924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Dead on arrival at Mech. Gen. Hospital, 15 St
CITY OF BALTIMORE: (No. St 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Baby Hartman
(a) Residence: No. 1516 Maryland Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John Hartman
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Mary A. West
16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs. Hartman
(Address) 1516 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address) Per H. A. Moore
for Wilmuth, Mgr.

OCT 8 - 1938
4356

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 6 451 p 721

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Shock following	
Miscarriage	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner
(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50925

CERTIFICATE OF DEATH

34-9 50925

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1803 Brent St. (Ward) 14 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Pratters

If U.S. Veteran specify WAR

(a) Residence: No. 1803 Brent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Pratters

6. DATE OF BIRTH (month, day, year): Mar 15, 1893

7. AGE: Years 45 | Months 6 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Charles Gould

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Ellen Stovall

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Fred Pratters

(Address) 1803 Brent St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem. Date: Oct. 10 '38

19. UNDERTAKER: T. E. Watson

(Address) 1303 Presstman at

Filed OCT 8 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6 '38

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 '38 to Oct 6 '38

I last saw h alive on Oct 6 '38 10P m. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	10/27/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If yes, explain

(Signed) B. J. Hatcher M. D.

(Address) 1715 Pa Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50926

92-a F 50926

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 541 Mosher St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Gibson
If U. S. Veteran specify WAR

(a) Residence: No. 541 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alexander Gibson

6. DATE OF BIRTH (month, day, year): Feb 3rd 1885

7. AGE: Years 53; Months 8; Days 4; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Aug 1938
11. Total time (years) spent in this occupation: 35 yrs.

12. BIRTHPLACE (city or town) (State or country): St Mary's Co. Md.

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Rennis Gibson
(Address) 1934 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: St Peters Cem. Date: Oct 10. 1938

19. UNDERTAKER: Thos. G. Nelson
(Address) 302 Preston St

20. FILED: OCT 8 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1938 to Oct 7th 1938
I last saw her alive on Oct 3 1938 Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation of Heart — Date of onset Oct 20 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Harry F. Brown M. D.
(Address) 1835 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

50927 F 50927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a ac

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 814 S. Ellwood Ave St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. veteran specify WAR

2. FULL NAME Robert Emmett Moran

(a) Residence: No. 814 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	62	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) Dec. 6-1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Moran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Moran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Chas. L. Moran Father

(Address) 814 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 16, 38

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

20. FILED OCT 18 - 1938 Huntington Williams, M.D. Registrar

LKS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1938

22. I HEREBY CERTIFY, That I was in charge of the deceased described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the date stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 Hours
Chronic Heart disease	Years

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

STATE CAUSE OF DEATH in plain terms. DO NOT USE ABBREVIATIONS or PROFESSIONAL TERMS. OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. P. 1268-9

50928 F 50928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Franklin Square Hospital. Registered No.

CITY OF BALTIMORE: (No. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella L. Lowenthal

(a) Residence: No. 704 N. Grace St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, ~~Married, Widowed,~~ or ~~Divorced~~: Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Abt 1860

7. AGE: Years 78; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Isaac Lowenthal

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Babette —

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. J. Lowenthal

(Address) 709 W. Redwood St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~:

Potter's Friendship, Date Oct. 9, 1938

19. UNDERTAKER: Edward Sonnheim & Son

(Address) 1902 Eutaw Place

Date 10 1938 Place Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 7. 1938.

22. I HEREBY CERTIFY, That I attended deceased from 9.15 1938 to 10-7-38 19

I last saw him alive on 10.7.38. 19 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis.	
" prostatic hypertrophy (benign)	
terminal bronchopneumonia.	

Other contributory causes of importance:

Name of operation: vasectomy Date of: 9.27.38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 1998

50929

HEALTH DEPARTMENT—CITY OF BALTIMORE

50929

CERTIFICATE OF DEATH 37256 (1938)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy DeSantis

If U. S. Veteran specify WAR

(a) Residence: No. 110 S. Haven St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/21/38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Rose Hymowytz

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, (CREMATION), OR REMOVAL

Place B C A Date 10-4-38

19. UNDERTAKER

(Address)

20. FILED Oct 8 - 1938 Thurlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938 to Oct 3, 1938

I last saw him alive on Oct 3, 1938 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Sept 21, 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno M Cordi M. D.

(Address) B. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

50930

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50930

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Upham Thomas Phelps

If U. S. Veteran specify WAR

(a) Residence: No. 126 Maine St Annapolis Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED 19 Registrar

OCT 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Diabetic Gangrene Ext. — Date of onset 9/7/38

Other contributory causes of importance:

Diabetes — 5 Mo.

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.

Coroner

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

E 50931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50931

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellsworth D. Dryden

(a) Residence: No. Westaover Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year): Jan. 4, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md State Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Isaac B. Dryden

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Addie S. Lankford

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: I. F. Dryden
(Address) Westover Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Landisburg Pa. Date: Oct 10 19 38

19. UNDERTAKER: Geo. H. Schnaal
(Address) 710 Frederick Ave

20. FILED 19 Registrar.

8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Osteomyelitis of L foot	
Cellulitis of L. Knee	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident April 13, 1929 Date of injury 19

Where did injury occur? Cumberland Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Road

Manner of injury While riding motorcycle struck by Automobile

Nature of injury Fracture of L. Leg above Knee

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Md. State Police

(Signed) M. D.

(Address) 2767 W Mpp Coroner.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50932

CERTIFICATE OF DEATH

F 50932

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward) 87-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 mos. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rachel Crawford

If U. S. Veteran specify WAR

(a) Residence: No. 402 Auburn St. Martinsburg W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/26/23

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Norman Crawford

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Grace Perry

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va Date 10/8/38

19. UNDERTAKER J. E. Hearn Sons

(Address) Elkins City, Pa

20. FILED ... 19... Registrar.

OCT 8 — 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1938 to Oct 8, 1938

I last saw her alive on Oct 8, 1938. Death is said to have occurred on the date stated above, at 6:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-7-38

For what disease or injury? Hydrocephalus

Name of operation Craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 50933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50933

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E Pratt St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harris Bernstein

If U. S. Veteran specify WAR

(a) Residence: No. 1106 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	W

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Tate Tillie

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Edel Bernstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Bernstein
(Address) 1106 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date Oct 9 1938

19. UNDERTAKER Sol Levinson & Bros
(Address) 124-26 N Howard St

OCT 8 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Oct 7, 1938

I last saw him alive on Oct 6, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	
Cardio vascular disease	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac J. Abramovitz M. D.

(Address) 1705 E. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50934 350 a57

HEALTH DEPARTMENT—CITY OF BALTIMORE

50934

CERTIFICATE OF DEATH

x 42-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME FRED BENEDICT.

If U. S. Veteran specify WAR

(a) Residence: No. FAYETTEVILLE St., ... Ward. Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/22/22

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	16	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SCHOOL
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME E. J. BENEDICT
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME ELIZABETH WENJUT
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT RECORDS
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greensboro Date 10/10 1938

19. UNDERTAKER Walter J. Grove
(Address) Waynesboro Pa.

20. FILED ... 19 ... Registrar.

8-11-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 8 , 1938

22. I HEREBY CERTIFY, That I attended deceased from AUG-30- , 1938, to OCT-8 , 1938
I last saw him alive on OCT-8- , 1938. Death is said to have occurred on the date stated above, at 5 15 A

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia — Date of onset May 1938
Erythropenic Type

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Brennan, M. D.
(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50935
352883

HEALTH DEPARTMENT—CITY OF BALTIMORE

50935

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME LOUIS BLIZZARD

If U. S. Veteran specify WAR

(a) Residence: No. CARROLTON St., ... Ward CARROLL Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ADDIE

6. DATE OF BIRTH (month, day, year) 4/19/77

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	5 6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. LABORER.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MD

FATHER

13. NAME WILLIAM BLIZZARD

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME SUZANNA WISNER

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT RECORDS
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, ~~CREMATION~~ OR REMOVAL Woodlawn Edwald Co Date Oct 10 1938

19. UNDERTAKER J. Edward Taylor
(Address) Hampstead Md

20. FILED ..... 19..
Registrar.

OCT 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-22 1938, to Oct-7 1938

I last saw him alive on OCT-7 1938. Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	Jan. 1938
Coronary occlusion	Oct. 1, 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hermann Bellinger M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H 50936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50936

CERTIFICATE OF DEATH

94-62

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 Pennsylvania Ave 13 Ward)

Length of residence in city or town where death occurred 23 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise P. Werner

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2615 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (for) WIFE of John F. Werner

6. DATE OF BIRTH (month, day, year) Mar. 30, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1, 1938

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick H. Wise

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. Werner (Address) 2615 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Lee Date Oct 10 '38

19. UNDERTAKER William Foos (Address) 1317 St Paul St.

OCT 9 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937 to Oct 7, 1938

I last saw her alive on Oct 7, 1938. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion.	1936
Arterio-sclerosis	
Other contributory causes of importance: Cardiac Insufficiency	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....

Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Krumbhaar M. D.

(Address) 1600 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement in OCCUPATION is very important. See instructions on back of certificate.

V 9 2

50937

HEALTH DEPARTMENT—CITY OF BALTIMORE

50937

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 — Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Amos Kendall — If U. S. Veteran specify WAR .....

(a) Residence: No. 301 Ilchester Ave St., Ward. Baltimore, Md.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 27-1924

7. AGE — Years: 14 | Months: 6 | Days: 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Delvin Kendall

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sarah Bannon

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Delvin Kendall.

(Address) 301 Ilchester Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Oct 10th. 1938

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED OCT 9 - 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1938 to Oct. 7, 1938

I last saw h[im] alive on Oct 7, 1938 Death is said to have occurred on the date stated above, at 10 32 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Staphylococcus septicemia	2

Other contributory causes of importance:

Bronchopneumonia	10-5-38
Toxemia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Richard W. Worthington M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50938

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Roscroft Terrace Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Bertha Barbus

(a) Residence: No. 415 Roscroft Terrace St., Ward. Irvington

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Barbus

6. DATE OF BIRTH (month, day, year) Jan 2 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Harjes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ha Kamon

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Edward C. Barbus

(Address) 415 Roscroft Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 10 1938

19. UNDERTAKER Gay Cost

(Address) 1217 E. Fayette St.

20. FILED ... Registrar.

OCT 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1938, to Oct 6-38 19...

I last saw her alive on Oct 6, 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio sclerosis Hypertension.	? ?
Other contributory causes of importance: Cerebral Hemorrhage	10/1/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) Fred T. Lippy M. D.

(Address) 3321 Forest Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement must be filled. OCCUPATION is very important. See instructions on back of certificate.

V68

F 50939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50939

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hosp. Registered No. 92-a

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME EDWARD Harry Letts

If U. S. Veteran specify WAR NONE

(a) Residence: No. North East, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 19, 1929

7. AGE Years	Mos.	Days	If LESS than 1 day, hrs. or min.
9		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) North East Cecil Co. Md

FATHER

13. NAME Wm N. Letts

14. BIRTHPLACE (city or town) (State or country) Theodore, Md

MOTHER

15. MAIDEN NAME Helen Howard

16. BIRTHPLACE (city or town) (State or country) North East Maryland

17. INFORMANT Jos. Hyatt R.D. North East (Address) North East Md

18. BURIAL, CREMATION, OR REMOVAL Place North East Md Date 10/21 19 38

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

20. FILED OCT 9 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1938 to Oct 8, 1938

I last saw him alive on Oct 5, 1938 Death is said to have occurred on the date stated above, at 11.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ia Rheumatic Heart Disease	
Mitral stenosis, rheumatic pneumonia and Bronchial type of Poliomyelitis Section II	
Pulmonary Edema	
Contributed to by Anemia Class III	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Thos P. Shear, M. D.

(Address) U. of M. H.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 50940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50940

CERTIFICATE OF DEATH

95-B F 50940

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 507 Arlington Ave. ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cornelia Stansbury Johnston

(a) RESIDENCE NO. 507 Arlington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. / mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 7 1857

7 AGE: Years 81 | Months 1 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Thomas Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary Germans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Janet Bowen

(Address): 524 Arlington Ave

15 Filed OCT 9 - 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 7 1938

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to , 19 ,

that I last saw h alive on Oct 7, 1938

and that death occurred, on the date stated above, at about 5.30 P m.

The CAUSE OF DEATH* was as follows:

Uremia & Nephritis

Cardio-vascular Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Probable Coronary thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Findings

What test confirmed diagnosis? Clinical Evidence

(Signed) C. V. D. Mack, M. D.

, 19 (Address) 513 East Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill Cem Towson

DATE OF BURIAL: 10/10 1938

20 UNDERTAKER: Geo H Schilling

ADDRESS: Monument Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 50941 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50941

CERTIFICATE OF DEATH

107-6 50941

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2701 St., 27 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? 17 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Sacks

(a) Residence: No. Belvedere & Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jerome Sacks

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL 10-9-38

Pet. Cem. Date 19

19. UNDERTAKER Levy Funeral Home

(Address) 1712 E. Monument St.

20. FILED OCT 9 1938 Registrar Huntington Hanson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1933 to October 8, 1938.

I last saw her alive on October 8, 1938. Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-5-38
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	
Ca. Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) I. Edmund Levin, M. D.

(Address) Ferndale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement must be filled in. OCCUPATION is very important. See instructions on back of certificate.

F 50942 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50942

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH 2003 South Road

CITY OF BALTIMORE: (No. City St., 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Frederick Maher

If U. S. Veteran specify WAR

(a) Residence: No. 2003 South Rd. Mt. Washington Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine A. Maher

6. DATE OF BIRTH (month, day, year) July 17, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasury Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Custom House

10. Date deceased last worked at this occupation (month and year) 3 yrs 2 mo.

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George W. Maher

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Frances Babbit

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Josephine A. Maher

(Address) 2003 South Rd.

18. BURIAL, ~~CREMATION~~, (OR REMOVAL) Evergreen Mount Cem. Monday Oct 10, 1938

19. UNDERTAKER: Walter Brooks Bradley

(Address) 1122 W. North Ave.

Huntington Ave Baltimore

OCT 9 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Oct 8, 1938

I last saw h[illegible] alive on Oct 8, 1938. Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Angina Pectoris	Sept 23 38
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Harner M. D.

(Address) 2607 Harwood Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50943

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1517 Halbrook St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Ruth C. Carroll

If U. S. Veteran specify WAR

(a) Residence: No. 1517 Halbrook St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Harold L. Carroll

6. DATE OF BIRTH (month, day, year) Oct 13 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frances T Leonard

14. BIRTHPLACE (city or town) (State or country) Balto. Co Md

MOTHER

15. MAIDEN NAME agnes M Lauer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Harold L Carroll 1517 Halbrook

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date 10-10-38

19. UNDERTAKER (Address) Randall E. Humphreys 201 N. Broadway

20. FILED 19 Registrar.

OCT 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938 to Oct 6, 1938

I last saw h[illegible] alive on Oct. 6, 1938 Death is said to have occurred on the date stated above, at 3 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonary Tuberculosis	9mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50944

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY Hosp. Ward)

Length of residence in city or town where death occurred ... yrs. 9 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ANTHONY L JOHNSON

(a) Residence: No. 645 PIERCE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/11/37

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME FREDERICK COPLINS

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME LOUISE JOHNSON

16. BIRTHPLACE (city or town) (State or country) MD.

17. INFORMANT Estella Johnson
(Address) 476 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/10 1938

19. UNDERTAKER William A Jackson
(Address) 916 Pennsylvania Ave

(Filed) OCT 10 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 10/8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1938 to 10/8, 1938

I last saw him alive on 10/8, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 9/3/38
Septicaemia (Hemolytic Streptococcus)

Other contributory causes of importance:

Tympanites

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Gibson J. Wells M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50945 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50945

CERTIFICATE OF DEATH

√119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 16-2 Ward)

Length of residence in city or town where death occurred ... yrs. 7 mos. 14 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julian Thomas Calvin

(a) Residence: No. 834 Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 26, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Diego Calvin
14. BIRTHPLACE (city or town) (State or country) Philippine Islands

MOTHER
15. MAIDEN NAME Elizabeth Morgan
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth Calvin
(Address) 834 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/10 1938

19. UNDERTAKER Mrs. Geo. W. Holland
(Address) 1037 Druid Hill Ave

20. Filed ..... 1938 Registrar .....

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 10. 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from 10. 5. 1938 to 10. 9. 1938
I last saw him alive on 10. 9. 1938. Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro intestinal disturbance (vomiting diarrhea)	10.3.38
Other contributory causes of importance: Bronchopneumonia, bilateral	10.8.38

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James R. Carr M. D.
(Address) 515 Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50946

Betty Carol Bowen

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50946

CERTIFICATE OF DEATH

1112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Carol Bowen

U. S. Veteran (specify WAR)

(a) Residence: No. 641 N. Fulton ave. St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Lester B. Bowen

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Dorothy L. Case

16. BIRTHPLACE (city or town) (State or country) Kansas City, Mo.

17. INFORMANT Lester B. Bowen

(Address) 641 N. Fulton ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Cem. Date Oct 10 1938

19. UNDERTAKER Robt C. & B. M. Walker

(Address) Pratt & Stricker Sts

20. FILED ... 19 ... Registrar.

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuster Coroner, M. D.

(Address) Towson

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50947

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 Mulberry St. (E. or W.) 20th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mittie Triggatt Bodell

If U. S. Veteran specify WAR

(a) Residence: No. 3919 Mulberry (West) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bodell

6. DATE OF BIRTH (month, day, year) May 18, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amelia Court House Virginia

FATHER

13. NAME William Bodell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Simmons

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs Nellie B. Spicer 3911 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL St Mathews Cem. Date Oct 13 1938

19. UNDERTAKER (Address) Easton Lazo, Edmondson Ave.

20. FILED OCT 10 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1938 to 10/10 1938

I last saw her alive on 10/10 1938 Death is said to have occurred on the date stated above, at 3:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. dis	
Cardiac Hypertrophy	
Cardiac failure	
Acute Bronchial Asthma	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Marsh M. D.

(Address) 801 N Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1269-9

F 50948

F 50948 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin & Hop St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Smith (Schmidt)

(a) Residence: No. 1307 S. Hanover St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lina E. Smith

6. DATE OF BIRTH (month, day, year) About 65 yrs.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park board

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Fendt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Betz

(Address) 3300 Hillsdale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 10/10 1938

19. UNDERTAKER I. Few McCully

(Address) 130 E. Fort.

20. FILED 10-10-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-38 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 5-38 19 to Oct 6-38 19

I last saw him alive on Oct 6-38 19 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Cerebral hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. T. Baughman M. D.

(Address) Franklin & Green Hop

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50949

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 50949

CERTIFICATE OF DEATH

√ + 93-c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrina Dobson

(a) Residence: No. Brooklandville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac W. Dobson

6. DATE OF BIRTH (month, day, year) April 12 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Co.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Isaac N. Dobson
(Address) Brooklandville, Md.

18. BURIAL, CREMATION, OR REMOVAL Date Oct 11, 1938
Loture, Balto Co. Md.

19. UNDERTAKER Chenoweth Sons
(Address) 3610 Eastern Ave.

20. FILED OCT 10 1938 Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938 to Oct 8, 1938

I last saw h.. alive on Oct 8, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m. Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	
Other contributory causes of importance:	
Terminal Bronchopneumonia	2 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turpin M. D.

(Address) St. Josephs Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1938

F 50950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50950

CERTIFICATE OF DEATH

X √ 131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. 42-6 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Marvin D. King If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. Mundy Point, Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Harrison

6. DATE OF BIRTH (month, day, year) August 30, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 5-16-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mundy Point Va.

FATHER

13. NAME Andrew King

14. BIRTHPLACE (city or town) (State or country) nr. Hyacinth Va.

MOTHER

15. MAIDEN NAME Henrietta Dawson

16. BIRTHPLACE (city or town) (State or country) nr. Hyacinth Va.

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL [illegible] Oct 10/38

19. UNDERTAKER [illegible]
(Address) 1214 E. Pond St.

20. FILED [illegible] Registrar

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1938, to October 9, 1938.

I last saw him alive on October 9, 1938. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	1917
Pyelitis, chronic, suppurative, left	1917

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical finding Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. H. Anderson, M. D.

(Address) U. S. Marine Hospital, Bato. Md.

HLWatson/g

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50951 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50951

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 E. Preston St. St. 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Grayson Boyce

If U. S. Veteran specify WAR .....

(a) Residence: No. 217 E. Preston St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Millar Boyce

6. DATE OF BIRTH (month, day, year) Feb. 17-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Co.

FATHER
13. NAME Albert G. Boyce
14. BIRTHPLACE (city or town) (State or country) Belair Maryland

MOTHER
15. MAIDEN NAME Eliza Page
16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Mrs. Heyward Boyce
(Address) 4 Club Road Roland Park

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 10 1938

19. UNDERTAKER Henry W. Marsdon.
(Address) 805 N. Calvert St.

20. FILED Oct 10 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1938 to Oct 9, 1938.
I last saw h. alive on Oct 9th, 1938. Death is said to have occurred on the date stated above, at 11.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	
Other contributory causes of importance: Congestive Heart failure	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Kenneth Roth, M. D.
(Address) 22 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50952

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of Lincoln Park Spring Gardens (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Geo. Finneran

(a) Residence: No. 2015 W. Ramsey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. H. Finneran

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Frances Stewart

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary E. Fefel

(Address) 2015 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pen (Federal Cem. Oct 10, 38

19. UNDERTAKER George A. Farley

(Address) Fulton Ave & Fayette St.

FILED OCT 10 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive on Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Inquiry (Inquest, Autopsy or Inquiry)

HIS

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide? Accident Oct. 1, 1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Harbor

Manner of injury Fell into Harbor and Drowned

Nature of injury on or about Oct 8, 1938 recovered

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Oleelen M. D.

(Address) [illegible] Coroner

V 56

information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50953 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50953

CERTIFICATE OF DEATH ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Mallow Hill Ave. St. 26-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Henry Frederick

If U. S. Veteran specify WAR

(a) Residence: No. 20 Mallow Hill Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ora E. Frederick

6. DATE OF BIRTH (month, day, year) January 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Frederick

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Haas

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Mrs. J. Merrill Spangler
(Address) 3321 Liberty Hgts. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date October 10, 38

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Pa. Ave.

20. FILED OCT 10 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to Oct. 7, 1938
I last saw h.i.m alive on Oct 7, 1938 Death is said to have occurred on the date stated above, at ... P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Cerebral hemorrhage	10/7/38

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. T. Dodd M. D.

(Address) 735 N. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 9

F 50954

50954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53-E

Registered No. 26-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Lake Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Matilda O'Brien

(a) Residence: No. 3002 Lake Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William E. O'Brien

6. DATE OF BIRTH (month, day, year) Aug 23-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Broughton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary J. Broadway

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Thos Martz

(Address) 3002 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 10 1938

19. UNDERTAKER Wm. F. Kieffer & Sons

(Address) 1101 Pennsylvania Ave

Oct 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1938 to Oct. 6 1938

I last saw h[illegible] alive on Oct 6 1938. Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1923
Chronic interstitial nephritis	1932
Myocarditis	1937
Cerebral Embolism	1938
Other contributory causes of importance:	
Epithelioma left hand	1932
Senility	

Was an operation performed? No Date of none

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Anderson M. D.

(Address) 3001 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50955

CERTIFICATE OF DEATH

V 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital (Ward) 7-12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Maude Saville Clift

If U. S. Veteran specify WAR

(a) Residence: No. 318 St. Dunstans Road, Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced (or) WIFE of J. Booker Clift

6. DATE OF BIRTH (month, day, year) July 9th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME John W. Saville

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER

15. MAIDEN NAME Mamie Merker

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mr. Samuel Jett

(Address) 318 St Dunstans Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 11th 1938

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

20. FILED OCT 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1938 to Oct 8, 1938

I last saw her alive on Oct 8, 1938 Death is said to have occurred on the date stated above, at 8:32 P m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 10/8/38

Other contributory causes of importance:

Cerebrosclerosis

Carcinoma of Biliary System

Was an operation performed? Yes Date 6-5-38

For what disease or injury? Cholelithiasis — Chronic

Name of operation Cholecystostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Maran Kinsolving, M. D.

(Address) Union Memorial Hosp.

K 3961

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50956

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 569 Laurens St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman C. Volandt. If U. S. Veteran specify WAR .....

(a) Residence: No. 569 Laurens St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth K. Volandt

6. DATE OF BIRTH (month, day, year) July 3 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Baker

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Volandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Himmelman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Volandt
(Address) 569 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 11 1938

19. UNDERTAKER Wm. Tucker & Sons
(Address) North & Pine

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937 to Oct. 8, 1938

I last saw h[illegible] alive on Oct. 8, 1938 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1932
Chr. Interstitial Nephritis	1932
Other contributory causes of importance:	
Chr. Atherosclerosis	1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) James Brown M. D.

(Address) 1663 N. North ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

50957 HEALTH DEPARTMENT—CITY OF BALTIMORE 50957

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 S Exeter St., 3-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Warden Radcliff

(a) Residence: No. 114 S. Exeter St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Radcliff 1873 1938

6. DATE OF BIRTH (month, day, year) April 15 1868

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
50.	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME John Radcliff
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Clara Watson
16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Anna Radcliff
(Address) 114 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date Oct 7 1938

19. UNDERTAKER Mendell & Mossey
(Address) 1405 Eutaw St

OCT 10 1938 Huntington, W. Va. Registrar

GHL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th 1938, to Oct 6th 1938
I last saw h[er] alive on Oct 6th 1938 Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2
Other contributory causes of importance: Hemorrhages	

Was an operation performed? Yes Date of May 1938
For what disease or injury? Tumor of ... was exploratory
Name of operation Laparotomy
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Tankin M. D.
(Address) 114 No Milton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50958

CERTIFICATE OF DEATH V 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 S. Sharp St., 23-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mable Whitaker

If U. S. Veteran specify WAR /

(a) Residence: No. 903 S. Sharp St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Whitaker

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Hazel Williams

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hazel Whitaker

(Address) 903 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/10/38

19. UNDERTAKER Isaac L Broun & Son

(Address) 08 W Monument St

Huntington Williams, M.D.
Registrar

20. FILED OCT 10 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diarrhea	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Rowlett M. D.
Coroner

(Address) 737 W Mon

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50959

HEALTH DEPARTMENT—CITY OF BALTIMORE

50959

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5107 Cordelia Ave St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William McKay

(a) Residence: No. 5107 Cordelia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern

10. Date deceased last worked at this occupation (month and year) Oct. 4, 1938

11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Frank Polk

(Address) 5107 Cordelia Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Cem. Date 10/10 1938

19. UNDERTAKER G. Herman Lemmon

(Address) 4611 Park Heights Ave

20. FILED 10-10-38 Registrar.

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th 1938 to Oct 8th 1938

I last saw h[illegible] alive on Oct 8th 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	10-6-38
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Clinical? No autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Edwards M. D.

(Address) 4936 Park Heights Ave

INSTRUCTIONS: Fill in all items, using terms of the state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50960 HEALTH DEPARTMENT—CITY OF BALTIMORE 50960

CERTIFICATE OF DEATH

95-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 W. Ostend St. 21-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth S. Naylor

(a) Residence: No. 1205 W. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward L. Naylor

6. DATE OF BIRTH (month, day, year) Oct. 9, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Love

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ledley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Clara Hartlove
(Address) 1205 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 10 19 38

19. UNDERTAKER Harry S. Cutsail
(Address) 101 Lyndhurst Ave.

20. FILED Oct. 10 1938
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1936 to Oct 6 1938

I last saw h alive on Oct. 6, 1938 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Oct 19 36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Coates M. D.

(Address) 523 Scott St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50961 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50961

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2107 Booth St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Sebehely

(a) Residence: No. 2107 Booth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Joseph Sebehely

6. DATE OF BIRTH (month, day, year) Jan. 27, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. d. of h

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT
(Address) 2107 Booth St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 11/38

19. UNDERTAKER Harry H. Nitzke
(Address) 2101 Madison Ave.

20. FILED 19 Registrar

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1938 to Oct. 8, 1938

I last saw h[illegible] alive on Oct. 8, 1938 Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis & Myocardial degeneration	?
Other contributory causes of importance: Bronchopneumonia	(2 wks)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sally Blumberg M. D.

(Address) 1200 Hollins St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50962

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Betty Howard

If U. S. Veteran specify WAR

(a) Residence: No. 1122 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-0-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ed. Howard

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Minnie Fletcher

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ed. Howard
(Address) 1122 W. Pratt

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/11/38

19. UNDERTAKER John F. Conway Son.
(Address) 901 Hollins St.

20. FILED 19 Registrar

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide or Homicide? Accident Oct 8, 1938 19

Where did injury occur? In front of 1106 W Lombard St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto while playing in street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. R. Altdeler M. D.
Coroner

(Address) 2757 E Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 50963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50963

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 Marydell Rd St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luella M. McCrea

(a) Residence: No. 331 Marydell Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur H McCrea

6. DATE OF BIRTH (month, day, year) June 2-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

FATHER

13. NAME Thomas Osborne

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

MOTHER

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

17. INFORMANT Arthur H. McCrea

(Address) 331 Marydell Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 11 19 38

19. UNDERTAKER George A. Farley

(Address) Fulton Ave & Fayette St.

OCT 10 1938 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 19 38 to Oct 9 19 38

I last saw her alive on Oct 9 19 38 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	?

Other contributory causes of importance:

cardiac decompensation	2 day

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clin Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred Tal Engley M. D.

(Address) 331 Marydell Ave

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50964

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 8-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Charles Conner

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2225 Lake Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

3a. If married, ~~widowed, or divorced~~

HUSBAND of ~~(or WIFE of)~~ Mrs. Charles {Conner / Marie M.}

6. DATE OF BIRTH (month, day, year) Jan. 22, 1862

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME James Conner

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Miss Henrietta Holmes

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Marie M. Conner

(Address) 2225 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Park Date Oct 11th 1938

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St.

20. FILED ... Registrar

CT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9/38 19

22. I HEREBY CERTIFY, That I attended deceased from 9/8 1938 to 10/9 1938

I last saw him alive on 10/9 1938 Death is said to have occurred on the date stated above, at 2:43 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-8-38
Other contributory causes of importance: Prostatic Hypertrophy	7 years

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S. J. Swadow Union Memorial Hospital M. D.

(Address) ...

information should be carefully supplied. Age should be stated EXACTLY. Put down exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50965

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 Homestead St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche L. Meyers

If U. S. Veteran specify WAR

(a) Residence: No. 943 Homestead St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12. 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forelady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat Biscuit Co

10. Date deceased last worked at this occupation (month and year) 10/8/38

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm F Meyers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary A. Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Walter S. Meyers
(Address) 943 Homestead

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Park Date 10/12/38

19. UNDERTAKER Wm Cook
(Address) 1219 E Fayette

20. FILED ... Huntington Williams, Registrar.

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938 to Oct. 9, 1938

I last saw her alive on Oct 9, 1938 Death is said to have occurred on the date stated above, at 3 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 hrs
arteriosclerosis	years
Hypertension	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	years

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Stamm, M. D.

(Address) 2878 Harford Av.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50966

HEALTH DEPARTMENT—CITY OF BALTIMORE F 50966

CERTIFICATE OF DEATH

37171-R5

1. PLACE OF DEATH — Registered No. 8-5-71-a

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Jordan — If U. S. Veteran specify WAR

(a) Residence: No. 1917 N. Register St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice

6. DATE OF BIRTH (month, day, year): 9-26-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Oliver

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Annie Wright

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Baltimore City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Parkwood Cemetery Inc. Date 10/11 38

19. UNDERTAKER: Wm Cook
(Address) 1217 E Gould St

20. FILED 19 Baltimore, Md.

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1938 to October 8, 1938

I last saw him alive on October 8, 1938. Death is said to have occurred on the date stated above, at 1135 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Joe Lantella M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. NOTE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASES, etc., are important. See instructions on back of certificate.

F 50967 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50967

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5107 Harford Road. 77 yrs. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa V. Perrine

(a) Residence: No. 5107 Harford Road. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Perrine

6. DATE OF BIRTH (month, day, year) Aug. 8, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME Geo. H. Sanner

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Louisa Duley

16. BIRTHPLACE (city or town) (State or country) Wash D C.

17. INFORMANT Mrs. Myrtle Perrine
(Address) 5107 Harford Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 10/11 38

19. UNDERTAKER Richard F. Cluley
(Address) 702 E. North ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to 10/8 38 1938
I last saw h[illegible] alive on 10/8/38 Death is said to have occurred on the date stated above at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitas	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4 yrs ago?
For what disease or injury? Diabetes Gangrene
of Leg
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Edwards Foltz M. D.
(Address) 5703 Harford Pk.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1938

F 50968

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50968

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Linden Ave. St. [illegible] Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Sinsheimer Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 1709 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Cohen

6. DATE OF BIRTH (month, day, year) May 8, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Sinsheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Herzberg

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. B. Cohen,
(Address) 1709 Linden Ave.

18. BURIAL, CREMATION, REMOVAL
Place Oheb Shalom Cem. Date Oct. 11, 38

19. UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1938 to October 9th, 1938

I last saw h[illegible] alive on October 9, 1938. Death is said to have occurred on the date stated above, at 5- A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy + Paralysis of right side	Oct 1st

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Greenwald, M. D.

(Address) 3201 Garrison Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1938

F 50969 BAKER ✓ F 50969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Edmondson Ave ... Ward) 18

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Henry Baker

If U. S. Veteran specify WAR ...

(a) Residence: No. 1009 Edmondson Ave ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs Adolella Baker

6. DATE OF BIRTH (month, day, year): Dec 20 1876

7. AGE: Years 61 67 | Months 109 | Days 17 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date decedent last worked at this occupation (month and year): July 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

FATHER

13. NAME: Wm Henry Baker Sr

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Rachel Fielder

16. BIRTHPLACE (city or town) (State or country): Md Harford

17. INFORMANT (Address): Adolella Baker 1009 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL: Mariah Cem

Place: Mt. Holly N.J. Date: 10-11 38

19. UNDERTAKER (Address): Samuel W. Chase & Son 638 N. Fulton

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 8 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15 1936 to Oct 4 1938

I last saw h[illegible] alive on Oct 4 1938 Death is said to have occurred on the date stated above, at 4.45 Am.

The principal cause of death and related causes of importance were as follows:

Cystic Carcinoma — Date of onset May 1937

Other contributory causes of importance:

Was an operation performed? Yes Date Jan 26 1938

For what disease or injury? Carcinoma

Name of operation Supra Pubic

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature] M. D.

(Address) 1515 Linwood Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 1938

H

F 50970 ✓ F 50970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Hollins St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 2 mos 27 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard C Lizer Jr

(a) Residence: No. 1018 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. (SEX)	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12. 38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard C Lizer Sr

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Madeline B Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Richard C Lizer Sr

(Address) 1018 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 11 1938

19. UNDERTAKER Frederick C Cole

(Address) 1700 W Lombard St

20. FILED Oct 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by me attended the deceased from that until deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hanna M. D.

(Address) 18 N W Baltimore St

INSTRUCTIONS.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 10 1938

F 50971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50971

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Hart

If U. S. Veteran specify WAR

(a) Residence: No. 620 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret S. Hart

6. DATE OF BIRTH (month, day, year) Sept. 24, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Margaret S. Hart

(Address) 620 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 11 1938

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 1258 E. North Ave.

20. FILED Oct 13 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1938 to Oct 8 1938

I last saw him alive on Oct 8 1938 Death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	7
Carcinoma of lung	1 y
Arteriosclerotic Heart Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Cumpston M. D.

(Address) St. Joseph's Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 15 1938

14

F 50972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50972

CERTIFICATE OF DEATH

139-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth V. Davis

If U. S. Veteran specify WAR

(a) Residence: No. 345 Winans Ave St., Ward Halethorpe, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jasson M. Davis

6. DATE OF BIRTH (month, day, year) March 19, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Maryland

FATHER

13. NAME William P. Eddicord

14. BIRTHPLACE (city or town) (State or country) Elkridge Maryland

MOTHER

15. MAIDEN NAME Julia S. Chultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jasson M. Davis
(Address) 3145 Winans Ave, Halethorpe, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 12 1938

19. UNDERTAKER C. Leroy Stoffler, Inc.
(Address) 123 E. North Ave.

20. FILED OCT 10 1938 Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1938 to 10-9 1938

I last saw h alive on 10-9 1938. Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic abscess (Organ undetermined)	10-3-38
Other contributory causes of importance: Chronic ulceration colitis	1937

Was an operation performed? yes Date of 10-8-38

For what disease or injury? Pelvic abscess

Name of operation Incision + drainage abscess

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Tennyson M. D.

(Address) St. Josephs Hosp

F 50973

F 50970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St. 8-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Anna Elizabeth Kohles

(a) Residence: No. 2614 Eadman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Kohles

6. DATE OF BIRTH (month, day, year) Oct 4 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Matthew Richmond

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Richmond

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Peter Kohles
(Address) 2614 Eadman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pachwood Date Oct 13 1938

19. UNDERTAKER John Ulrich
(Address) 1008 Aisquith St

20. FILED ..... 19 ..... Registrar

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9/38 19

22. I HEREBY CERTIFY, That I attended deceased from 10/2/38 19 to 10/9/38 19

I last saw her alive on 10/9/38 19 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancerous of Ovary	1933
Metastasis to Abdominal Wall	1937

Other contributory causes of importance:

Carcinomatosis
Paralytic Ileus Cachexia Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. F. Johnston Jr M. D.

(Address) Maryland General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50974

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 W. Mulberry St. Ward) 19-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence Thompson

If U.S. Veteran specify WAR

(a) Residence: No. 1410 W. Mulberry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Johnson

6. DATE OF BIRTH (month, day, year) March 28, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	49	6	12	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Simpson Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Susie

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louise Johnson

(Address) 1410 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 10, 1938

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St.

20. FILED OCT 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1938

22. I HEREBY CERTIFY That I attended deceased from Sept 25, 1938 to Oct 8, 1938

I last saw him alive on Oct 8, 1938 Death is said to have occurred on the date stated above, at 6A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Epilepsy	Sept 25

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. N. Hatsky M. D.

(Address) 1225 Eutaw

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50975

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1679 Darley Ave St., Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Schorr

If U. S. Veteran specify WAR

(a) Residence: No. 1679 Darley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schorr

6. DATE OF BIRTH (month, day, year) Jan 10 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fredrick Schorr

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Tress

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Schorr

(Address) 1679 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Oct. 11 19 38

19. UNDERTAKER Philip Herwig Sons

(Address) 26 Eastern Ave

20. FILED 10 Huntington Williams, Dpty

OCT 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 6 19 35 to Oct 8 19 38

I last saw him alive on Oct 7 19 38 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Homerular Nephritis	3 yrs
Other contributory causes of importance: None known	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50976

CERTIFICATE OF DEATH

52 34941-FS

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 1 7 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Bertha Allen

If U. S. Veteran specify WAR .....

(a) Residence: No. 821 W. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married-seperated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther

6. DATE OF BIRTH (month, day, year) 4-2-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	36	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Whit Allen

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Elenora Brown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Cem. Date 10 13 38 19

19. UNDERTAKER Williams & Jackson

(Address) 916 Pennsylvania Ave

20. FILED OCT 1 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1938 to 10-9, 1938

I last saw h.er alive on 10-9, 1938 Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Transitional cell Carcinoma Face, left	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward D. [illegible] M. D.

(Address) Balto City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 50977

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50977

CERTIFICATE OF DEATH

XV 117-a

1. PLACE OF DEATH Union Memorial Hospital

Registered No. 12-2

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer T Kaltenbach

If U. S. Veteran specify WAR .....

(a) Residence: No. R D 1 # Bel Air St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Richardson

6. DATE OF BIRTH (month, day, year) Feb. 24. 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor Railroad Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 16 mo

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME B. F. Kaltenbach

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Frances L Jones

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Florence Kaltenbach

(Address) Bel Air R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Oct 13 - 1938

19. UNDERTAKER Harry J. Spring & Sons Churchville Md

(Address)

20. FILED OCT 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1938 to Oct 10 1938

I last saw him alive on October 10, 1938 Death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10/10/38
Other contributory causes of importance:	
arteriosclerosis	

Was an operation performed? yes Date of 10/3/38

For what disease or injury? gastric ulcer

Name of operation partial gastric resection

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Nolan Knox M. D.

(Address) Union Memorial Hospital

K 3961

F 50978

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50978

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6644 Holabird Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hendley Jr

If U. S. Veteran specify WAR

(a) Residence: No. 6644 Holabird Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hendley

6. DATE OF BIRTH (month, day, year) April 2-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Thomas Hendley Sr.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah A. —

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary Hendley

(Address) 6644 Holabird ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Oct. 12 38

19. UNDERTAKER Philip Herring & Son

(Address) 2600 Eastern Ave

20. FILED 19

Registrar

OCT 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1938 to Oct 9 1938

I last saw h alive on Oct 9 1938 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
4 days	
Other contributory causes of importance:	
Acute Bronchitis	
3 days	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. V. Kelly M. D.

(Address) 2005 E Monument St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50979

HEALTH DEPARTMENT—CITY OF BALTIMORE F 50979

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM J. SILLER

If U. S. Veteran specify WAR

(a) Residence: No. 3512 ESTHER PLACE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerite Siller

6. DATE OF BIRTH (month, day, year) May 5- 1897

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
41	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baer Electric Co.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Siller

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bertha Kaufman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Marguerite Siller
(Address) 3512 Esther Place

18. BURIAL, CREMATION, OR REMOVAL
Place London, Ky. Date Oct. 13, 38 19

19. UNDERTAKER Philip Hirsig Sons
(Address) 2016 Eutaw St

20. FILED 10-11-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1938, to Oct. 10, 1938

I last saw him alive on Oct. 10, 1938. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident (Hemorrhage?) (cause unknown)	10-3-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William S. Long M. D.

(Address)

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

OCT 11 1938

F 50980

Davage

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50980

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 Druid Hill Ave St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte Davage

(a) Residence: No. 1234 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 6, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Charles Davage

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Sidney Hall

16. BIRTHPLACE (city or town) Perry Hall (State or country) Md.

17. INFORMANT Mrs. Ida R. Cummings (Address) 1234 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 11 1938

19. UNDERTAKER Mrs. Geo. H. Holland (Address) 1631 Druid Hill Ave

20. FILED OCT 11 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938 to Oct 9, 1938

I last saw h... alive on Oct 9, 1938 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1
Old age	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Mueller, M. D.

(Address) 1230 Druid Hill Ave

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50981

HEALTH DEPARTMENT—CITY OF BALTIMORE

50981

CERTIFICATE OF DEATH

✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Park Lane St., 27th Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 16 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George Hay Taylor-Ponder

(a) Residence: No. 102 Park Lane St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of James W Ponder

6. DATE OF BIRTH (month, day, year) June 22nd 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Winfield Johns Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME DECAMA SHOEMAKER HEYWARD

16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMANT HEYWARD TAYLOR

(Address) 102 Park Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Holsum Memorial Park Date Oct 11th 1938

19. UNDERTAKER Henry Wehrs Son Co

(Address) Cor Eutaw & McCulloh Sts

20. FILED ..... 19 ..... Registrar.

OCT 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 8 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/26/38, 19... to 10/8/38, 19... I last saw her alive on 10/8/38, 19... Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast Metastasizing to mediastinum & Lungs.	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of ?

For what disease or injury? Removal of mass of breast

Name of operation .....

What test confirmed diagnosis? Clinical & X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J H Brady M. D.

(Address) 1403 Park Ave

F 50982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50982

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1700 Webster St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Warren Young

(a) Residence: No. 1700 Webster St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 8 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor & Navy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md. ~~Virginia~~

FATHER

13. NAME Phillip J. W. Young

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Rutter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. James Joyce.

(Address) 1433 Riverside

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 10/13 . 193

19. UNDERTAKER L. H. McCully

(Address) 130 E. Fort Ave

Filed OCT 11 1938 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 . 1938, to Oct. 10 . 1938.

I last saw him alive on Oct. 9 . 1938. Death is said to have occurred on the date stated above, at 12:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and myocardial degeneration	Aug 23, 38
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) . M. D.

(Address) 707 E. Fort Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-543

F 50983 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50983

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Windsor Ave. St., 15-7 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and numbe..)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Kennard,

If U. S. Veteran specify WAR

(a) Residence: No. 2801 Windsor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan B. Kennard,

6. DATE OF BIRTH (month, day, year) February 21, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Book Binder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

FATHER

13. NAME William B. Kennard,

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Nottingham,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Susan B. Kennard,
(Address) 2801 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date OCT 12 1938, 19

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

20. FILED OCT 11 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 9 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938, to Oct 9, 1938, 19

I last saw h[illegible] alive on Oct 9, 1938 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis with Pneumonia

Date of onset

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 307 S Wolfe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50984 F 50984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Warwick Avenue St., 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hamilton Waddell

If U. S. Veteran specify WAR

(a) Residence: No. 1810 Warwick Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Florence AD Waddell

6. DATE OF BIRTH (month, day, year) Oct 23nd 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Unemployment Bureau

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME George Waddell

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary J. Crumbine

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. F. A. Waddell
(Address) 1810 Warwick Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 12, 19 38

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED OCT 11 1938, 19 Registrar

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at about 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the Liver	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Farr, M. D. Coroner

(Address) 1245 Harlem

F 50985 HEALTH DEPARTMENT—CITY OF BALTIMORE 50985

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 25-1 Ward)

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C Hinks

(a) Residence: No. 76 Baltimore Ave St., Ward Lansdowne Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Hinks

6. DATE OF BIRTH (month, day, year) Oct 9. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

FATHER

13. NAME Conrad Helwig

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Frank B. Hinks

(Address) Lansdowne Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 12 1938

19. UNDERTAKER Wm J Ireland Sons

(Address) North Pa. ave

FILED OCT 11 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by me and from my Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	Oct 1.
Cardio Vascular Hypertension	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/1 1938

Where did injury occur? Lansdowne Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell on floor.

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M D

(Address) 1822 W Baltimore M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 50986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 50986

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 W. 40th Street St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 110 N. Montford Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of ~~WIFE OF~~ Leah Madeline Jackson

6. DATE OF BIRTH (month, day, year) October 11th 1852

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	85	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset County, Md.

FATHER

13. NAME William Jackson

14. BIRTHPLACE (city or town) (State or country) Somerset County, Md.

MOTHER

15. MAIDEN NAME Margaret Collier

16. BIRTHPLACE (city or town) (State or country) Somerset County, Md.

17. INFORMANT Mrs Myrtle Bloodsworth
(Address) 1333 W. 40th Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Oct 11th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED 12. [illegible] Registrar.

OCT 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Oct 9, 1938

I last saw ~~him~~ alive on Oct 8, 1938 Death is said to have occurred on the date stated above, at 2.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemmorhage	July
Right Hemiplegia	15 38
Other contributory causes of importance:	
General Arteriosclerosis	yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. D. Schmidt M. D.
(Address) 4012 Park Heights Ave

S. B.—WRITE PLAINLY, with pen and ink. Use no abbreviations. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50987

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Light St. St., 23-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Gelhard

If U. S. Veteran specify WAR .....

(a) Residence: No. 1506 Light St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gelhard

6. DATE OF BIRTH (month, day, year) Jan. 17 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Allen Ellis
(Address) 1506 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 12 19 38

19. UNDERTAKER J. Fen McCully
(Address) 130 E. Fort Ave

20. FILED 19 Harold Jon Williams, M.D.
(Registrar)

OCT 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 38 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 38 19 ..... to Oct 9 38 19 .....

I last saw h— alive on Oct 9 38 19 ..... Death is said to have occurred on the date stated above, at 8 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis (Central)	Sept 17 38
Other contributory causes (importance) Right Hemiplegia	Sept 17 38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood Test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Jonas B Kolb M.D.

(Address) 1103 Light

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50988 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50988

N. Wood

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH In Hosp

CITY OF BALTIMORE: (No. Bond & East St. 2-3 Ward)

Registered No. 1812

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If a Veteran specify WAR.

2. FULL NAME John Fritsch

(a) Residence: No. 522 S. Broadway St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Fritsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Lemmke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry C. Gentner (Nephew)

(Address) 3417 Greendown.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Oct 12. 1938

19. UNDERTAKER H. Sander Sons Inc.

(Address) 1710 Reed St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the date stated above.

(Signed) Attorney or Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 Hours
Other contributory causes of importance Cardiac Hypertension	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. C. C. Wood M. D.

Coroner

(Address) 1712 N. Gaunder St.

OCT 11 1938

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50989

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 E 20th St. St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John O'Neill

If U. S. Veteran specify WAR

(a) Residence: No. 725 E 20th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Emma O'Neill

6. DATE OF BIRTH (month, day, year): 1867

7. AGE: Years 71 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Patrick O'Neill

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Shea

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. F. Bamberger

(Address) 2011 Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Oct 11 1938

19. UNDERTAKER: Mary M. Medford

(Address) 2015 E. Madison St.

20. FILED: OCT 11 1938 Huntington Williams, M.D. Registrar.

GPK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Oct 8 1938

I last saw him alive on Oct 8 1938 Death is said to have occurred on the date stated above, at 1045 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia of Neck.	
Other contributory causes of importance: Myocarditis & Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schwenck M. D.

(Address) 1337 E. Chase St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 50990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50990

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Lafayette Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1414 W. Lafayette st., one Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Jackson

6. DATE OF BIRTH (month, day, year) June 8-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 9 38 yr

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Earnest Jackson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucy Smallwood

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lucy Smallwood.
(Address) 1116 Parrish st

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date 10/13/38

19. UNDERTAKER Charles H. Burkett
(Address) 528 Lanvale st

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1938 to Oct 9 1938

I last saw him alive on Oct 8 1938. Death is said to have occurred on the date stated above, at 940 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/5/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. J. Peterkin M. D.

(Address) 1715 Pentz

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any loss of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1938 Huntington Hill, Connecticut

F 50991 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50991

CERTIFICATE OF DEATH

✓ 164

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Scott Donaldson

(a) Residence: No. 2626 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of ~~or WIFE~~ of Rose Donaldson

6. DATE OF BIRTH (month, day, year) Nov. 24 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11 10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Charles Donaldson

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Rose Donaldson (Wife)

(Address) 2626 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hamstead Cem. Date 10/12 1938

19. UNDERTAKER Charles E. Schimunek

(Address) 2603 E. Madison St.

OCT 11 1938

Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) October 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquest thereon and from the evidence obtained by said ~~autopsy~~ inquest find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Exhaust Gas)	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10/11 1938

Where did injury occur? Hotel, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Inhaled Carbon Monoxide by way of tube attached to exhaust

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Wheeler Coroner M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 6

50992

HEALTH DEPARTMENT—CITY OF BALTIMORE

50992

CERTIFICATE OF DEATH

38681 (M)

114-B

26-4

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. L. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Student

If U. S. Veteran specify WAR

(a) Residence: No. 910 N. Iris Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) 1/27/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter Student

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophia (d)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date 10/11/38

19. UNDERTAKER Charles E. Schimpel
(Address) 2[illegible] E. Madison, St.

OCT 11 1938

Huntington Milwaukee, Wis.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1938 to 10-7, 1938

I last saw him alive on 10-7, 1938 Death is said to have occurred on the date stated above, at 10 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess, Right	several months
Brain abscess	1 week
	Operation

Other contributory causes of importance

Was an operation performed? yes Date of 9-13-38

For what disease or injury?

Name of operation Drainage abscess Right Lung

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH INEADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50993

CERTIFICATE OF DEATH

82-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 10-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Todd

(a) Residence: No. 820 N. Gay St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Maude Todd

6. DATE OF BIRTH (month, day, year) March 27, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55 54	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer RK 0030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md.

FATHER

13. NAME Jesse Todd

14. BIRTHPLACE (city or town) (State or country) Lancaster County Penna.

MOTHER

15. MAIDEN NAME Caroline Wilson

16. BIRTHPLACE (city or town) (State or country) Port Deposit Md.

17. INFORMANT Edna Todd

(Address) Port Deposit Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md. 1938

19. UNDERTAKER Lee & Pottenger

(Address) Perryville Md.

OCT 11 1938

19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry and by Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schaefer M. D.

Coroner

(Address) Coroner

E 50994 PARKER

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50994

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Parker

If U. S. Veteran specify WAR

(a) Residence: No. 1125 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Female	colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME Sossamon Parker

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER

15. MAIDEN NAME Pearl Randell

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT mother

(Address) 1125 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md. Date 10, 11 38 19

19. UNDERTAKER Geo. L. Kelson

(Address) 1543 Pulaski Hwy

20. FILED Huntington Hill Registrar

V 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8 1938

22. I HEREBY CERTIFY, That I attended deceased from September 1938 to October 8 1938

I last saw her alive on October 8 1938 Death is said to have occurred on the date stated above, at 10 15 P.M.

The principal cause of death and related causes of importance were as follows:

miliary Tuberculosis — Date of Onset July Sept. 1938

Tuberculous meningitis

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray and autopsy. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Harry S. Gimbel M. D.

(Address) Lyndenhurst Hospital

F 50995 Bayley HEALTH DEPARTMENT—CITY OF BALTIMORE F 50995

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 13-2 Ward) Registered No. 57
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Mrs Augusta S. Bayley
If U. S. Veteran specify WAR
(a) Residence: No. 924 W. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Robert P. Bayley
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Emma Downing
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT F. M. Harrell
(Address) 924 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 12 1938

19. UNDERTAKER Bertram W. Jones
(Address) 2224 W. Baltimore St.

20. FILED OCT 11 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 1938 to 10/10, 1938.
I last saw h[illegible] alive on 10/10, 1938. Death is said to have occurred on the date stated above, at 11:07 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	10/8/38
Other contributory causes of importance: Infectious arthritis	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George A. Guillet M. D.
(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50996

CERTIFICATE OF DEATH

82-a

CGK-36728

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-W 50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Beale

If U. S. Veteran specify WAR

(a) Residence: No. 2235 Barkley St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George (D)

6. DATE OF BIRTH (month, day, year): July 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Prince George Co., Md.

FATHER

13. NAME: Charles Eversfield

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Anna Suter

16. BIRTHPLACE (city or town) (State or country): Washington, D.C.

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Oct. 3, 1938

19. UNDERTAKER: Fenton W Deighton

(Address): Glen Burnie, Md.

FILED OCT 11 1938 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1938, to October 11, 1938

I last saw her alive on October 11, 1938. Death is said to have occurred on the date stated above, at 8:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-3-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Saulles M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50997

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 Rock St St. 18-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Emma Waddy

(a) Residence: No. 238 Rock St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col-	Married

3a. If married, widowed, or divorced (or) WIFE of William Waddy

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) A A Co. Md

MOTHER FATHER

13. NAME Joseph Curtis

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

15. MAIDEN NAME Louisa Smith

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT Wm Waddy

(Address) 238 Rock St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10/14 38

19. UNDERTAKER William A Jackson

(Address) 916 Pedmont

20. FILED OCT 11 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry, thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by me from Inquiry, find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance: Pulmonary Tuberculosis	6 mos.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A Shaad, M. D. Coroner

(Address) 2360 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50998

CERTIFICATE OF DEATH

✓ 122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Ramsay St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Philip Booker

(a) Residence: No. 1510 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Booker

6. DATE OF BIRTH (month, day, year) Aug. 12, 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman, S. W.

10. Date deceased last worked at this occupation (month and year) 00

11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME John Booker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Philip Booker
(Address) 1510 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 12/38

19. UNDERTAKER Harry F. Luttrell
(Address) 101 Edmondson Ave.

20. FILED Huntington Williams, Jr. 2/c
06 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to October 9, 1938

I last saw him alive on October 8, 1938. Death is said to have occurred on the date stated above, at 1.30a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	1937
chronic nephritis	1938
(arteriosclerotic kidney)	
Other contributory causes of importance:	
Large Bilateral inguinal hernia	1930

NO

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Medical Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Thomas A. Kemp, M. D.

(Address) 3030 Edmondson Avenue

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50999

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 S Highland Ave St., 26-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 56 yrs. ... mos. ... ds.

2. FULL NAME Dora Alexander or Dorota Aleksandrowicz

If U. S. Veteran specify WAR .....

(a) Residence: No. 800 S Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent

6. DATE OF BIRTH (month, day, year) Feb 12 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Peter Kuzinskie

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anthony Podwick - Alexander

(Address) 800 S Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Hood Cem Date Oct 13 1938

19. UNDERTAKER Stephen J. Figlkowski Inc.

(Address) 1000 S Kenwood Ave

20. FILED OCT 11 1938 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1937 to Oct 9 1938

I last saw her alive on Oct 9 1938. Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion Oct 9	38
Pulmonary Oedema Oct 9	38
Ter - Myocarditis	937
Other contributory causes of importance:	
Arteriosclerosis	934
Hypertension	934

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Stevens, M. D.

(Address) 35 Orchard Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51000

CERTIFICATE OF DEATH

82-a 37150 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Switzer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3104 Louise Ave. Hamilton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Switzer

6. DATE OF BIRTH (month, day, year) 12-20 1884 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54 ?	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George W. Switzer

14. BIRTHPLACE (city or town) (State or country) ? Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Bonnier

16. BIRTHPLACE (city or town) (State or country) ? .....

17. INFORMANT ..... B. V. S. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 10/13/38 19

19. UNDERTAKER Leonard J. Koch

(Address) 5305 Harford Rd

Filed OCT 17 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1938, to October 10 1938

I last saw him alive on October 10, 1938. Death is said to have occurred on the date stated above, at 7.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-9-38
Other contributory causes of importance:	
Cerebral hemorrhage	9-18-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. De Santolla, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 5

F 51001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Armies, Inc. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Robinson

If U. S. Veteran specify WAR

(a) Residence: No. none St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Robinson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bessie Fitch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mother 1023 Carroll St. City Md

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 11 1938

Commissioner of Health

19. UNDERTAKER (Address) For H. A. Moore

20. FILED OCT 11 1938 Registrar. 4360

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Oct 11, 1938

I last saw him alive on Oct 11, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erythroblastosis	10/7/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leopold M. Hammel, M. D.

(Address) 6 W. Lexington St.

A. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51002

CERTIFICATE OF DEATH

37762-FS

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred for life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Mullens

If U. S. Veteran specify WAR

(a) Residence: No. 620 E. Lager St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-29-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month, day, year) Oct 4 1938

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Watts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Cemetery Date 10/12/38

19. UNDERTAKER Mullens & Son

(Address) 1210 E Pratt St

20. FILED Huntington Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1938 to 10-9, 1938

I last saw him alive on 10-9, 1938. Death is said to have occurred on the date stated above, at 8 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus sigmoid colon	?
Intestinal Obstruction	?
Other contributory causes of importance	

Was an operation performed? yes Date of 10-6-38

For what disease or injury?

Name of operation Release volvulus + obstruction

What test confirmed diagnosis Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp

OCT 11 1938

H

R. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. ENTRIES MADE OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St. 22-4 Ward) 78

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William R Abbott

(a) Residence: No. 3211 Westerna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A. Abbott

6. DATE OF BIRTH (month, day, year) June 19 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3 8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Gas Station

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kenmore Laundry

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William E Abbott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Isabella Stout

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Anna Abbott

(Address) 3211 Westerna Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date 10/14 38

19. UNDERTAKER Wm F. Poultt

(Address) 1211 E Monument St

20. FILED Huntington Williams, Registrar

OCT 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1938 to Oct. 11, 1938

I last saw him alive on Oct. 11, 1938 Death is said to have occurred on the date stated above, at 3:46 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 5, 1938

For what disease or injury? Brain Abscess

Name of operation Craniotomy + Drainage of Brain Abscess

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William O. Lemmon M. D.

(Address) Md General Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 51004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51004

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Frederick Ave St. 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leon Herold Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 2606 Frederick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucia Mary Williams

6. DATE OF BIRTH (month, day, year) Nov-9-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodworker shoe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Winslow Maine

FATHER

13. NAME Simeon A Williams

14. BIRTHPLACE (City or town) (State or country) Harmony Maine

MOTHER

15. MAIDEN NAME Laura E Reynolds

16. BIRTHPLACE (City or town) (State or country) Burnham Maine

17. INFORMANT Mrs Julia Williams

(Address) 2606 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL West Ridge Cemetery Mass, 10/14 38

19. UNDERTAKER E Pelly Mgr

(Address) 2432 E Oliver St

20. PLACE Huntington Williams, Mgr

OCT 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 38 to Oct 11 38

I last saw him alive on Oct 11 38 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Oct 7 38

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John V. Gaines M. D.

(Address) 615 S. Paca St.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51005

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 15-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Hannah Klayman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2400 Liberty Heights Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Meyer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Kraus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Von Kraus

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Klayman

(Address) 2400 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Pt Lawn Date 10-12-38

19. UNDERTAKER Jack Levine Inc

(Address) 4309 Park Heights Ave

Hunting ton Mutuel, Md.

20. FILED OCT 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1938, to Oct 11, 1938

I last saw her alive on Oct 11, 1938 Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Generalized arterio-sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gilland Cohen, M. D.

(Address) Sinai Hospital

MARGIN RESERVED FOR BINDING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51006 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51006

Drown Vol. 1

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Cottage St., 22nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 53 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Brown

(a) Residence: No. 3622 Cottage St., 22nd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Brown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Silberman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Seah

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary A. Brown

(Address) 3447 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL

Pleasant Hill Date 10-12-38

19. UNDERTAKER Paul Funeral Home

(Address) 1939 E. Baltimore St.

20. FILED OCT 12 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1933 to 10/11, 1938

I last saw h[illegible] alive on 10/11, 1938 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Senile Degeneration	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Frankenberg M. D.

(Address) 1224 W. Lee St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51007

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Paca St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Dinkler

If U.S. Veteran specify WAR

(a) Residence: No. 623 N Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Diana Sinkler

6. DATE OF BIRTH (month, day, year) Dec 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59 60		10 Mo.	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Remini South Carolina

FATHER

13. NAME Paul Sinkler

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Diana Jackson

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT John Sinkler

(Address) 623 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL Remini, South Carolina Date 10/12/38

19. UNDERTAKER Adolphus Halstead

(Address) 915 Druid Hill Ave

Huntington Williams, Mgr.

Registrar

OCT 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1938 to Oct 10 1938

I last saw him alive on Oct 9 1938 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/7/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51008 Claude Eugene Mitchell F 51008

HEALTH DEPARTMENT—CITY OF BALTIMORE

#37164

CERTIFICATE OF DEATH

34-3-42-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 12-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

life Eugene

2. FULL NAME Claude Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 206 Hare Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Married (sep.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Myrtle

6. DATE OF BIRTH (month, day, year) 6/22/1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Claude Mitchell

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Grey

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 13, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St Huntington Hunnewell, W.Va.

20. FILED OCT 12 1938, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1938, to October 10, 1938

I last saw h[illegible] alive on October 10, 1938. Death is said to have occurred on the date stated above, at 6[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1938
Other contributory causes of importance:	
	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA[illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51009 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51009

CERTIFICATE OF DEATH

× 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Rautzahn Bowers

If U. S. Veteran specify WAR None

(a) Residence: No. Clark Place St., Ward. Frederick, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harriet N. Quinn

6. DATE OF BIRTH (month, day, year) 12/30/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Frederick Md

FATHER

13. NAME Wm. H. Bowers

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland

MOTHER

15. MAIDEN NAME Charlotte Rautzahn

16. BIRTHPLACE (city or town) (State or country) Middletown Md.

17. INFORMANT (Address) Mrs. Ralph Bowers Clark Place, Frederick, Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Frederick, Md. Date Oct. 15- 1938

19. UNDERTAKER (Address) C. E. Cline and Son Frederick, Maryland

20. FILED Registrar. Livingston Willmore, Asst.

OCT 12 1938

K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1938 to Oct. 11 1938

I last saw him alive on Oct. 11 1938 Death is said to have occurred on the date stated above, at 0 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1926
Benign Prostatic hypertrophy	1933
Bronchopneumonia	Oct 7, 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Examination

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reginald Worthington, M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51010

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 W. Lanvale St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Chappelle

(a) Residence: No. 1417 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Effie Chappelle

6. DATE OF BIRTH (month, day, year) Nov. - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optician and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) British Guiana - S. America.

FATHER

13. NAME Joseph Chappelle

14. BIRTHPLACE (city or town) (State or country) S. America

MOTHER

15. MAIDEN NAME Letia — ?

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Effie Chappelle

(Address) 1417 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 10/13 1938

19. UNDERTAKER Wm. H. Holland

(Address) 1931 Pennsylvania Ave

Huntington Filed Oct 12 1938 Registrar.

20. FILED

OCT 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10. 1938 to Oct. 10. 1938

I last saw h[illegible] alive on Oct. 10. 1938 Death is said to have occurred on the date stated above, at 12.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-vascular disease.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Pippett M. D.

(Address) 1536 W. Lanvale St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. DO NOT FOLD FOR BINDING

S 3

F 51011 ✓ F 51011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 249-94B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 16-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
U.S. Veteran specify WAR

2. FULL NAME Agnes Wiggins
(a) Residence: No. 610 N Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Northumberland
(State or country) Pa

FATHER
13. NAME Jamridge Wiggins
14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER
15. MAIDEN NAME Sarah Brownley
16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Albertus Scott
(Address) 610 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hochhead, La Date 10/14 1938

19. UNDERTAKER Thos Geo H. Hoffman
(Address) 1631 Druid Hill Ave

Registered OCT 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 10 1938

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl S. Allen, M. D.
Coroner
(Address) 1613 Eutaw pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PRINT RESERVED FOR BINDING

51012

HEALTH DEPARTMENT—CITY OF BALTIMORE

51012

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5905 Marluth Ave. St., 26-1 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herbert O. Scribner

(a) Residence: No. 5905 Marluth Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma R. Shipley

6. DATE OF BIRTH (month, day, year) April 22nd 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Savings Bank

10. Date deceased last worked at this occupation (month and year) Sept, 1938

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

FATHER

13. NAME Louis Scribner

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

MOTHER

15. MAIDEN NAME Elizabeth Schillenberg

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

17. INFORMANT Mrs. Emma R. Scribner
(Address) 5905 Marluth Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Oct. 13th. 1938

19. UNDERTAKER Frederick-Lauchheimer Corp.
(Address) 7401 Belair Road

20. FILED ... Registrar.

OCT 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10th. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4 1938 to Oct. 10 1938

I last saw h... alive on Oct. 10 1938 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hardening of Arteries	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

F

2. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51013

CERTIFICATE OF DEATH

114-B

1. PLACE OF DEATH

Registered No. 3990

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) Balto

Length of residence in city or town where death occurred 3 yrs. 10 mos. 9 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carle Walter Howard.

If U. S. Veteran specify WAR

(a) Residence: No. 822 Powers St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 7 1934

7. AGE: Years 3 | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Howard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hicks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mother - Mary Howard
(Address) 822 Powers St

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date Oct 13, 1938

19. UNDERTAKER Edenquist Co
(Address) 3615 Eastern Ave.

20. FILED Oct 12 1938, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1938 to Oct 11, 1938

I last saw him alive on Oct 11, 1938 Death is said to have occurred on the date stated above, at 5 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	
Multiple abscesses of lungs	
Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) C H Classen M. D.

(Address) Union Memorial Hospital Baltimore, Md.

OCT 12 1938

K

S. B.—WRITE PLAINLY, WITH INKING, INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51014 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51014

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 17-1 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Montgomery Saunderbrook Barber U.S. Veteran

(a) Residence: No. 536 N. Caddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) N. Car.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/12- 1938

19. UNDERTAKER Jorge L. Peters
(Address) 1522 Pennsylvania Ave

20. FILED OCT 12 1938 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1938 to Oct 4, 1938

I last saw her alive on Oct 4, 1938 Death is said to have occurred on the date stated above, at 3.4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Dec. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. M. Curtis M. D.

(Address) Baltimore City Hosp

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51015 HEALTH DEPARTMENT—CITY OF BALTIMORE 51015

CERTIFICATE OF DEATH

CGK--37512 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5-26 life Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Chester

If U. S. Veteran specify WAR

(a) Residence: No. 1126 Low St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 60 yrs.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sonny Chester ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Oct 13, 1938

19. UNDERTAKER Leslie Gross

(Address) 1401 Portland ave

20. FILED ..., 19... Registrar.

OCT 12 1938

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1938 to October 9, 1938

I last saw him alive on October 9, 1938. Death is said to have occurred on the date stated above, at 11 29 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantis, M. D.

(Address) Baltimore City Hospitals

IMPORTANT: WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51016

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 51016

CERTIFICATE OF DEATH

95-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 Scott St. 21-1 Ward)

Length of residence in city or town where death occurred 65 yr. mos. ds. How long in U. S. if of foreign birth? 49 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernst Wellmann

(a) Residence: No. 321 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Marie Wellmann

6. DATE OF BIRTH (month, day, year) Sept. 15, 1861

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
77	-	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of 13

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany Europe

FATHER

13. NAME August Wellmann

14. BIRTHPLACE (city or town) (State or country) Germany Europe

MOTHER

15. MAIDEN NAME Auntie Lample

16. BIRTHPLACE (city or town) (State or country) Germany Europe.

17. INFORMANT Mary Fleming

(Address) 321 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Oct. 14 38

19. UNDERTAKER Joseph Kasinske

(Address) 6 de Washington Blvd.

Huntington Williams, Mgr.

OCT 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1938, to Oct 11, 1938

I last saw h. alive on Oct 11, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	?
Other contributory causes of importance	

Was an operation performed? NO Date of—

For what disease or injury?

Name of operation NONE

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Milar M. D.

(Address) 682 WASHINGTON BLVD

V. F 51016. APPLICANT WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51017

37315 JS

34-a-119

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ezell McCormick

If U. S. Veteran specify WAR .....

(a) Residence: No. 1632 Madison St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-30-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ezell McCormick

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Final Ret. Delivery Date Oct 12 1938

19. UNDERTAKER Robert C. Young

(Address) 604 N. Caroline St.

20. FILED Huntington Williams Registrar

OCT 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/30, 1938, to 10/10, 1938

I last saw him alive on 10/10 1938 Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	8/30/38
Other contributory causes of importance: Acute Entero-Colitis	1 month

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph M. Corde M. D.

(Address) Balto. City Hosp.

INSTRUCTIONS—WRITE LEGIBLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51018

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Dumbarton Avenue St. 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY JANE DAVIES

If U. S. Veteran specify WAR .....

(a) Residence: No. 614 Dumbarton Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
(or) WIFE of Morgan Davies

6. DATE OF BIRTH (month, day, year) Aug. 11, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	1	29	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John Price

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Joseph Davies
(Address) 614 Dumbarton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date 10/13 1938

19. UNDERTAKER Wm. J. Evans & Son
(Address) 11 W. Mt. Royal Ave

20. FILED Huntingtown, Md.

OCT 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938, to Oct. 10, 1938

I last saw her alive on Oct. 9, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	1937
cerebral hemorrhage	10/4/38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) George A. Fripp, M. D.

(Address) 3030 Edmondson Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51019

F 51019 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Bethlehem Shipbuilding Corp. Ltd. Registered No.

CITY OF BALTIMORE: (No. 1101 Key Highway St., 24th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME Thomas Patrick Hayes

(a) Residence: No. 1104 Riverside Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Oct. 29, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work Leader in Labor Department

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Shipbldg. Corporation

10. Date deceased last worked at this occupation (month and year) Oct. 10-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Records - Bethlehem Shipbldg. Corp.

(Address) 1102 Key Highway

18. BURIAL, CREMATION, OR REMOVAL

Place U.S.National Cem. Oct. 13, 1938

19. UNDERTAKER G. Howard Strong

(Address) 715 Light St.,

20. FILED Oct 19 1938 Hunter for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, when?

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A S 6

F 51020

HEALTH DEPARTMENT—CITY OF BALTIMORE F 51020

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Fowler

(a) Residence: No. 648 (Usual place of abode) Fairfield Ave St., ... Ward. Catonsville Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Premature Case

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/8/38.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 days	—	3 —	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NVP

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Fowler

14. BIRTHPLACE (city or town) (State or country) Baltimore (?)

MOTHER

15. MAIDEN NAME Mary Louise Reibold

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mercy Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 10/11 1938

19. UNDERTAKER Engel & Powell

(Address) Catonsville Md

Huntington Pallbearers, Md

20. FILED 10/12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/8/38, 19... to 10/11/38, 19...

I last saw him alive on 10/11/38, 19... Death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6 weeks.	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) B. I. Fromtzy, M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51021

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Lucy W. Brady Marriott

CITY OF BALTIMORE: (No. Union Memorial Hosp Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Telfair Wilson Marriott

(a) Residence: No. 1001 St. Paul St St., Lucy W. Brady Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran (specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (write the word) WIFE of Telfair Marriott

6. DATE OF BIRTH (month, day, year) May 20, 1861

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	77	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

FATHER

13. NAME John W. S. Brady

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Parkhurst

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annah L. Brady

(Address) 225 E 22nd St New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Oct 13 1938

19. UNDERTAKER Henry N. Jenkins Sons

(Address) McCulloh & Eutaw Sts

20. FILED Huntington Williams, Mgr.

OCT 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/9 . 1938 to 10/11 . 1938

I last saw h S Y. alive on 10/11 . 1938 Death is said to have occurred on the date stated above, at 9:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe Diabetes Mellitus	?
Cystitis	?
Pyelitis	?
Other contributory causes of importance: Circulatory Collapse	10/9/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank M. Weaver, M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51022

CERTIFICATE OF DEATH

92-6 CC

1. PLACE OF DEATH Home

Registered No. 1877

CITY OF BALTIMORE: (No. 618 S. Lehigh St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR.

2. FULL NAME Irvin, Guy Thomas

(a) Residence: No. 618 S. Lehigh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Cassie May Thomas

6. DATE OF BIRTH (month, day, year) Feb 7 - 892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Francis Lumpkin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Arthur Thomas, Son
(Address) 618 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 13 1938

19. UNDERTAKER Lilly & Feidler Inc
(Address) 1631 E. Lexington St.

OCT 12 1938

Interment in Edmund, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
adduced by said Inquiry, find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	12 hours
Cardiac heart disease	Some time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct. 10 1938

Where did injury occur? Balto. Transit Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Gay St. & North Ave.

Manner of injury Fell in pit

Nature of injury Fracture of ribs

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood, M. D.
Coroner

(Address) 1712 N. Bond St.

V 5 6

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51023

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 264 S. Loudon Ave. St. 20-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Katherine Elizabeth Carter

If U. S. Veteran specify WAR .....

(a) Residence: No. 264 S. Loudon Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William C. Carter

6. DATE OF BIRTH (month, day, year) March 21, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	55	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Robert S. Lotsey

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Mary V. Caines

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Mr. William C. Carter

(Address) 264 S. Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date October 13 1938

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Pa. Aves.

20. FILED ..... 19 ..... Registrar

OCT 12 1938

Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1938, to 10/11, 1938

I last saw her alive on 10/10, 1938. Death is said to have occurred on the date stated above, at 9 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis, general	
Carcinoma of Uterus (orig)	

Other contributory causes of importance:

Hypertension

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Adolph H Grantham M. D.

(Address) 42 09 Hudson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

F 51024 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51024

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital (Ward) 15-4

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Hartman

If U. S. Veteran specify WAR

(a) Residence: No. 2005 Wheeler Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Doris M. Hartman

6. DATE OF BIRTH (month, day, year) Jan. 30, 1900

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	38	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O, R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Hartman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mamie Morris

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Paul Dunlap

(Address) 2005 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date Dec 14 1938

19. UNDERTAKER H. Fletcher Sons

(Address) Baltimore

FILED OCT 12 1938 Hunting Park Ave, Phila., Pa.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage	

Other contributory causes of importance: Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

V S 6

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51025

CERTIFICATE OF DEATH

186-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital, Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Glaze

(a) Residence: No. 1750 Webster St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 23, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Roy Glaze

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Ellein Fhrlan

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Ellein Glaze

(Address) 1750 Webster St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/13/38 19

19. UNDERTAKER Charles F. Stevens

(Address) 1541 E. Fort Ave

(FILED) OCT 12 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1938 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Smothera	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Oct. 9, 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Privat Property Owned By B.C.C.

How did injury occur? Playing in dirt embankment Dirt Caved in, Burying him under Dirt

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 2717 E. Lang

V S 6

F 51025 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. – 1-10-21—MAT—1500 2ks.

F 51026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51026

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1945 Edmondson Ave ST., 20-1 WARD)

2-FULL NAME Susan Lakin

(a) RESIDENCE NO. 1945 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Lakin

6 DATE OF BIRTH (month, day, and year): Feb 25. 1858

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
80	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 0037

(b) General nature of industry, business, or establishment in which employed (or employer): Own Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Naylesville Wash. Co. Md.

PARENTS

10 NAME OF FATHER: David Stull

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Sarah Fahrney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Naylesville Wash. Co. Md.

14 Informant: Mrs. Ernest Stottlar

(Address): 1945 Edmondson Ave

Filed OCT 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1938

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938, to Oct 12, 1938, that I last saw her alive on Oct 12, 1938, and that death occurred, on the date stated above, at 7 E.P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Hospital

(Signed) Geo E. Shannon, M. D.

, 19 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Boonsboro Md.

DATE OF BURIAL: Oct. 16. 1938

20 UNDERTAKER: Wm. D. Bast & Son

ADDRESS: Boonsboro Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DO NOT WRITE IN THIS SPACE—RESERVED FOR BINDING

F 51027 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51027

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital (Ward) 17-8

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alex B. Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 545 Cunningham Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Compson

6. DATE OF BIRTH (month, day, year) Feb. 4 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Jim Iles

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Cady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Minnie Ferree
(Address) 325 Taylor Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Portland Maine Date Oct. 15 '38

19. UNDERTAKER John A. Moran
(Address) 300 E. Baltimore St

20. FILED OCT 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11/1938

22. I HEREBY CERTIFY, That I attended deceased from 9/17/1938 to Oct. 11, 1938

I last saw h alive on Oct. 11, 1938 Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma ? right lung
Metastasis to other lungs, mediastinal lymph nodes, pericardium, liver, pancreas, mesenteric glands.

Date of onset

Other contributory causes of importance:
Hydronephrosis, right.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) D. J. Kalteicher Jr. M. D.

(Address) University Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51028

CERTIFICATE OF DEATH

√ 100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 N. Stricker St. 16-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lisle N. Power

If U. S. Veteran specify WAR (or Regt.)

(a) Residence: No. 1003 N. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Power

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Alice Lisle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Kenneth A. Power

(Address) 1003 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 14th 1938

19. UNDERTAKER William Cook

(Address) 217 St. Paul St

Huntington Avenue Funeral Home

OCT 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1938 to Oct 11, 1938

I last saw him alive on Oct 11, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive Pulmonary Embolism	Oct 11 -
Other contributory causes of importance: √ Varicose Veins-phlebitis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schmidt, M. D.

(Address) 212 W Wilkens Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51029

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Fulton Ave St., 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Griffin Sr

If U. S. Veteran specify WAR No Record

(a) Residence: No. 506 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Griffin

6. DATE OF BIRTH (month, day, year) Dec 2 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 278

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co.

10. Date deceased last worked at this occupation (month and year) Aug - 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward J. Griffin

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Graham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert Griffin

(Address) 506 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 14th 1938

19. UNDERTAKER Wm Cook

(Address) 411 E. Saratoga St

20. FILED ... 19... ... Registrar.

OCT 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Oct 11 1938

I last saw him alive on Oct 10 1938. Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	several years
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Edwin Pleasants M. D.

(Address) 1904 W. Balto St

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51030

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5030 Old Frederick St., 25-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James F. Cochran Sr.

(a) Residence: No. 5030 Old Frederick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Cochran

6. DATE OF BIRTH (month, day, year) Oct 1, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown Md.

FATHER

13. NAME Edward Cochran

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Lucy Maugans

16. BIRTHPLACE (city or town) (State or country) Middletown Md.

17. INFORMANT Nannie Cochran Wife

(Address) 5030 Old Frederick

18. BURIAL, CREMATION, OR REMOVAL

Place Halena Md Date 10-16 1938

19. UNDERTAKER William Cook

(Address) 1417 St Paul St.

20. FILED Attest for Michael N.D. Registrar

OCT 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 9:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas E Hammer, M. D.

Coroner

(Address) City Hall

Instructions: Fill in information with PENCIL OR INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51031

HEALTH DEPARTMENT—CITY OF BALTIMORE 51031

CERTIFICATE OF DEATH CGK -- 36903

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 24-4 Ward) 5

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Horseman

If U. S. Veteran specify WAR

(a) Residence: No. 1524 Riverside Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-21-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	30	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.,

FATHER

13. NAME Jenkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lula

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Taylor Island, Md. Date 10/16/38 19

19. UNDERTAKER Geo. E. Kenny
(Address) Geo. E. Kenny Est. Baltimore, Md.

20. FILED OCT 17 1938 Tuxedo Park, Maryland, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1938, to October 12, 1938

I last saw him alive on October 12, 1938. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	Sept. 1938
Other contributory causes of importance:	
	con't

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantylle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

Spec.—1-30—M. & T.—250 Bks.

F 51032

51032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

203 F

1-PLACE OF DEATH Holabird Q.M. Depot, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward) 36-6

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Kaatz

(a) RESIDENCE NO. Holabird Q.M. Depot, Md. ST., ... WARD Minnesota
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---- yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	----	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Army

(c) Name of employer U.S. Army

9 BIRTHPLACE (city or town) (State or country) Ranville, Minnesota

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Service Record, U.S. Army

15 Filed ..... 19 ..... Registrar

OCT 13 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11, 1938

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1938, 19..... to Oct. 11, 1938, 19....., that I last saw him alive on October 11, 1938, 19....., and that death occurred, on the date stated above, at 10:00 A.M. m.

The CAUSE OF DEATH* was as follows:

Shock, severe; concussion, cerebral, multiple fractures and lacerations severe with moderate hemorrhage, result of accidental fall down an elevator shaft.

(duration) 1 yrs. xxxxxx mos. xxxxxx ds. 1½ hours

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of ------

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C.F. Davis, Lt. Col. M.C., M. D.

, 19 (Address) Holabird Q.M. Depot, Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ranville Minnesota

DATE OF BURIAL Oct 13, 19 3

20 UNDERTAKER Sol. Levinson & Bro

ADDRESS 1124 W North

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 51033 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51033

CERTIFICATE OF DEATH

✓ 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital) 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Otto Mills

(a) Residence: No. 1020 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mamie Mills

6. DATE OF BIRTH? (month, day, year) Oct 18-1897

7. AGE: Years 40 | Months 11 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer for Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER FATHER

13. NAME Austin Mills Va

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Eva Mills Va

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Mamie Mills 1020 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Date Oct 13 1938

19. UNDERTAKER (Address) A Adolphus Hahn 9 E Lexington St

25. FILED CT 13 1938 V S C

Huntington (Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 —, 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive on Autopsy and that I have viewed the body of the deceased. Autopsy (Inquest, Autopsy or Inquiry) Autopsy (Inquest, Autopsy or Inquiry) that said deceased came to h/s death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of Heart	Oct 9 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 9-38

For what disease or injury? Stab wound of Heart

Name of operation Repair Stab wound Oct 9-38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Oct 9, 1938

Where did injury occur? House 1020 McCulloh

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place House

Manner of injury Was Stabbed by

Nature of injury Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen Coroner M. D.

(Address) 950 Lanvale St

INSTRUCTIONS: PRINT WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51034

CERTIFICATE OF DEATH

92-a cc

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Thomas

(a) Residence: No. 420 Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT History obtained with Co. (Address) Balto. City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Date Oct 13 1938

19. UNDERTAKER Josephus Lightfoot

(Address) 918 Druid Hill Ave

OCT 13 1938 Huntington Williams, Nyt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 hour
Chronic heart disease	Long time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51035

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 27-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary E. Champlin

(a) Residence: No. 715 Glenwood Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. Champlin

6. DATE OF BIRTH (month, day, year) 3/8/1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maitland Barbour W. Va.

FATHER

13. NAME Howard H. Hoover

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Francis V. (Wiseman)

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Wm. H. Champlin
(Address) 715 Glenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Date 10/14/38. 19

19. UNDERTAKER George J. Ulrich Inc.
(Address) 1435 Harford Ave. Baltimore

20. FILED ... 19 ... Registrar
Huntington Williamsville, W. Va.

OCT 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1938 to Oct 11 1938

I last saw h[illegible] alive on Oct 11 1938. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Thrombosis Rt. femoral artery	9-23
Other contributory causes of importance:	
Gangrene Rt leg	9-30

Was an operation performed? Yes Date of Sept 27, 38

For what disease or injury? Gangrene Rt leg

Name of operation Amputation leg

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. P. Rumpf M. D.

(Address) St. Joseph's Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51036 F 51036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joyce E. Foard

If U. S. Veteran specify WAR no

(a) Residence: No. 1819-Ensor Street St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) July 29th, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
--	2	12	xxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leo Foard

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Marie Foard

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Leo Foard

(Address) 1819-Ensor Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date 10/13/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

OCT 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (Resp.)	

Other contributory causes of importance: Enteritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

V 8 6

F 51036 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS SPACE FOR PERMANENT RECORD. Every item of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51037

CERTIFICATE OF DEATH

F 51037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-2 Ward)

Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Cobert Pfeiffer

If U. S. Veteran specify WAR

(a) Residence: No. 534 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie A.Pfeiffer,

6. DATE OF BIRTH (month, day, year) April 16.1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) Howard Co.Md.

FATHER

13. NAME Wm.Pfeiffer,

14. BIRTHPLACE (city or town) (State or country) Howard Co.Md.

MOTHER

15. MAIDEN NAME Elizabeth Malman,

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Susie A.Pfeiffer,
(Address) 534 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10-14-38

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams, Jr. Registrar.

OCT 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1 1938 to October 12 1938

I last saw him alive on October 11, 1938 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy, Prost. Ca.	1 yr.
Acute Retention,	Aug. 30, 1938
Post-operative Ascending Urinary Infection (Kidney abscess rt.), Uremia	1 week

Other contributory causes of importance:

Arteriosclerotic C-V Disease

Abscess, rt. fem.

Was an operation performed? Yes Date of 9/12 ; 10/12/38

For what disease or injury? Prostatic Hypertrophy

Name of operation (1) Suprapubic Cystotomy (2) Transurethral Resection

What test confirmed diagnosis? Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. E. Bradley M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should supply

Sorrell.

F 51038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51038

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (8-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. veteran specify WAR

2. FULL NAME Elizabeth Sorrell

(a) Residence: No. 319 N Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Roy Sorrell

6. DATE OF BIRTH (month, day, year): 1886

7. AGE: Years: 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Moses Roy

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Roy Sorrell
(Address): 319 N Poppleton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn. Date: Oct 17 1938

19. UNDERTAKER: E. Roy Collins
(Address): 1001 Brantly Ave
Huntingtown Pulaski, N.J.

OCT 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular	Jan 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.
(Address) 500 Poppleton St

V 8 8

F 51039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51039

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N Bond St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Stupfle

(a) Residence: No. 232 N Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT John Williamson

(Address) 519 N Glenarm St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date Oct 15 1938

19. UNDERTAKER Chas C Allen

(Address) 1602 Eutaw Pl.

20. FILED OCT 13 1938 Registrar Huntington Hilliard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Abt 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 1602 Eutaw Pl. City

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

F 51040 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51040

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH Bon Secours Hospital — Registered No. ____
CITY OF BALTIMORE: (No. ____ St. 2000 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Ray Baldwin — If U. S. Veteran specify WAR ____

(a) Residence: No. 1806 W. Lexington St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 27 - 1883

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
55	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofb
10. Date deceased last worked at this occupation (month and year) Oct. 6-38
11. Total time (years) spent in this occupation 37 yrs.

12. BIRTHPLACE (city or town) (State or country) Colora — Md —

FATHER
13. NAME Joseph H. Baldwin
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Lucy A. McCullough
16. BIRTHPLACE (city or town) (State or country) Farmington Md.

17. INFORMANT Colora, Md —
(Address) Brother —

18. BURIAL, CREMATION, OR REMOVAL
Place West Nottingham Md. Date Oct. 14 1938

19. UNDERTAKER Penny Kechner
(Address) 2201 Edmondson Ave.

20. FILED Oct 9 1938 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1938 to Oct 11 1938
I last saw ~~him~~ alive on Oct 11 1938. Death is said to have occurred on the date stated above, at 8 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	?
Acute Dilatation of Heart	10-11-38
	over

Other contributory causes of importance:

Was an operation performed? no Date of ____
For what disease or injury? ____
Name of operation ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) George H. Jouillet M. D.
(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

OCT 9 1938
OCT 100

F 51041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51041

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Duvall Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. / mos. da. How long in U. S. If of foreign birth 42 yrs. mos. da.

2. FULL NAME Anna Sirkin

If U. S. Veteran specify WAR

(a) Residence: No. 3408 Duvall Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myer L.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Russia

FATHER

13. NAME Louis Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Myer L. Sirkin

(Address) 3408 Duvall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Date 10-13 1938

19. UNDERTAKER Jos. Young Sons

(Address) 1439 E. Baltimore St.

20. FILED OCT 13 1938 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1938 to Oct 13 1938

I last saw her alive on Oct. 13 1938 Death is said to have occurred on the date stated above, at 12-25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (acute).	Oct 12 '38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Kolb M. D.

(Address) 1026 Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

F 51042

51042 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51042

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Washington Blvd St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME Catherine H Cooney

If U. S. Veteran specify WAR .....

(a) Residence: No. 2810 Wash Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Single White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas H Cooney

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Catherine Weber

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Catherine Cooney
(Address) 2810 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL
Meadow Ridge Oct 15 1938

19. UNDERTAKER Edward Toulson
(Address) 2209 Wash Blvd

Oct 13 1938 Wilmington, N.C.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct-9 1938 to Oct-11 1938

I last saw h alive on Oct-11 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Autopsy + Physician Exam

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L Fitzgerald M. D.

(Address) 721 Medical Dr

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

M. D. B. 1368-9

F 51043

F 51043 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Aliceanna St Sta 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 54 yrs. mos. ds.

2. FULL NAME Malgozata Czlapinska

(a) Residence: No. 2110 Aliceanna Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Maciej Kunacki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs, Michalena Thomas

(Address) 2110 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Oct 17th 1938

19. UNDERTAKER George A. Weber

(Address) 705 South Ann Street

20. FILED OCT 18 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 13, 1938

I last saw h alive on Oct 13, 1938 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 10
Other contributory causes of importance: Myocardial Failure	

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leo L. Kunacki, M. D.

(Address) 1265 S. Fulton Ave Balto.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51044 HEALTH DEPARTMENT—CITY OF BALTIMORE 51044

CERTIFICATE OF DEATH 37244 (Mb) 13-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Smith

(a) Residence: No. 616 Gold Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Garfield Smith

6. DATE OF BIRTH (month, day, year) 8/7/~~1903~~ 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~30~~ 28 ~~30~~	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Arvin Scott

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Wake Va Date Oct 13 1938

19. UNDERTAKER Mrs. Geo. X. Hodgard
(Address) 631 Druid Hill Ave

20. FILED ..... 19.....
OCT 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) October 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1938, to October 11, 1938

I last saw her alive on October 11, 1938. Death is said to have occurred on the date stated above, at 7.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	9-7-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. DeSaussure M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

F 51045 HEALTH DEPARTMENT—CITY OF BALTIMORE P 51045

CERTIFICATE OF DEATH 37926 (MB) 118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Shepard George W. Shepard

If U. S. Veteran specify WAR

(a) Residence: No. Howard & Eutaw Sts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Camden Street

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Helen Shepard

6. DATE OF BIRTH (month, day, year) 2/22/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Claim Investigator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) October 1938

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) Topsial Sound, (State or country) North Carolina

FATHER

13. NAME John George Edward Shepard

14. BIRTHPLACE (city or town) Topsial Sound, (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary Elizabeth Alexander

16. BIRTHPLACE (city or town) New York City, (State or country)

17. INFORMANT Mr. Walter R. Shepard City Hospital Records

(Address) 1409 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington, N. C. Date Oct. 13, 1938

19. UNDERTAKER E W Lamaman

(Address) 1005 W. Baltimore St.

20. FILED Oct 13 1938 Huntington Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1938 to 10-12, 1938

I last saw him alive on 10-12, 1938 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Regional Enteritis with early gangrene of terminal ileum (non-typhoid)	four days
Other contributory causes of importance:	

Was an operation performed? yes Date of 10-11-38

For what disease or injury?

Name of operation Resection terminal ileum

What test confirmed diagnosis Surgery Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L K Woodward Jr. M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T-8 1938

H

F 51046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51046

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1355 Fremont St., 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Ashby

If U. S. Veteran specify WAR

(a) Residence: No. 1355 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	ed	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen

6. DATE OF BIRTH (month, day, year) Nov. 14, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 43	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 203

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Allen Ashby
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/13 38

19. UNDERTAKER Geo. L. Kelson
(Address) 1303 Baltimore

20. FILED 10/13/1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12 38

22. I HEREBY CERTIFY, That I attended deceased from 10/5 38 to 10/12 38

I last saw h alive on 10/5 38. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer	
Stomach + Liver	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Blu Clutts M. D.

(Address) 213 St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51047

Registered No. 16-95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Gillis

(a) Residence: No. 1021 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Gillis

6. DATE OF BIRTH (month, day, year) Sept 27 85

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 5 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Henry Gillis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lydia Gillis
(Address) 1021 N. Carey

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 10/15 1938

19. UNDERTAKER Geo. D. Gelson
(Address) 1303 Pressman St

20. FILED Huntington Burroughs Registrar.

10/15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10, 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10, 1, 1938, to 10, 11, 1938

I last saw h[illegible] alive on 10, 11, 1938. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-Vascular disease	1937
Other contributory causes of importance: Bronchopneumonia	Oct 38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr, M. D.

(Address) 515 Madison St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51048

F 51048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp. for Women of Md. 2[illegible]5 St., Ward)

Length of residence in city or town where death occurred 29 yrs. 10 mos. 8 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Gladys McGarrity

If U.S. Veteran specify WAR .....

(a) Residence: No. 1637 Locust St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year): Dec. 5. 1909

7. AGE: Years 29 | Months 10 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Edward P. McGarrity

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Susan Clark

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Edward McGarrity 1637 Locust St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Cem. Date: Oct 15 38

19. UNDERTAKER (Address): Margaret L. Flynn 1422 Light St.

20. FILED: OCT 13 1938 Huntington Williams, Nyt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1. 1938 to October 13. 1938

I last saw h[illegible] alive on October 13. 1938 Death is said to have occurred on the date stated above, at 1[illegible]35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	
Intestinal Obstruction	10/6/38
Ruptured Appendicitis	
& Appendical Abscess	7/15/38

Other contributory causes of importance:

Fecal fistula
Generalized Peritonitis

Was an operation performed? yes Date of (1) Aug 4, 1938 (2) Oct. 6, 1938

For what disease or injury?
(1) Ruptured appendix
(2) Intestinal Obstruction

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geraldine Powell, M. D.

(Address) Hosp. for Women of Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51049

F 35 | 433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51049

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-S Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard W Connett

(a) Residence: No. Owings Mills St. Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/24/38

7. AGE: Years | Months: 1 1/2 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Aries Connett

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Hazel Whitcomb

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Oct 13 1938

19. UNDERTAKER Frank T Ruark

(Address) Roland Park Md.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10-38, 19 ... to Oct 11, 1938

I last saw him alive on Oct 11, 1938. Death is said to have occurred on the date stated above, at 5 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary dysentery (Flexner)	Sept 8th
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Cultures Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. A. Hallan Jr. M. D.

(Address) Johns Hopkins Hospital

13-1938

F 51050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51050

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Parker

If U. S. Veteran specify WAR

(a) Residence: No. Sinai Hospital St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	1 2/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Everett Parker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Melvina Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Melvina Brown Parker

(Address) 2237 W Baltimore St Maryland

18. BURIAL, CREMATION, OR REMOVAL OCT 13 1938

Place [illegible] Date

19. UNDERTAKER [illegible]

(Address) For E. A. Moore

20. FILED Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Oct 11, 1938

I last saw him alive on Oct 11, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive atelectasis of left lung & lower lobe of right lung	Oct 10/38

Other contributory causes of importance:

Prematurity	Oct 10 '38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Reuben N. Holman, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15 1938 / 4365

F 51051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51051

CERTIFICATE OF DEATH

Registered No. 7159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) The Johns Hopkins Hospital St., [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Baby Vaughn
(a) Residence: No. 404 Lyndhurst St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) October 5, 1938

7. AGE	Years	Months	Days	If LESS than 1 day 23 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Dewey Vaughn
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Helen Herbert
16. BIRTHPLACE (city or town) (State or country) Washington-D.C.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date OCT 13 1938

19. UNDERTAKER
(Address) Per W. A. Moore

20. FILED Huntington Williams, Registrar.

10-13-1938 F. 4362

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1938 to October 6, 1938
I last saw him alive on October 6, 1938 Death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:
Pre-eclamptic toxemia in Mother

Was an operation performed? None Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Clinical Evidence Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) John Whitridge, M. D.
(Address) The Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51052 LTD

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51052

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 159

CITY OF BALTIMORE: (No. 725 St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Louis Gardner

If U. S. Veteran specify WAR

(a) Residence: No. 11 Enon St. St., ... Ward Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/3/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Gardner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SERVICE Date OCT 13 1938

Commissioner of Health

19. UNDERTAKER For M. A. Moore

(Address)

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1938 to Oct 6, 1938

I last saw ~~him~~ alive on Oct 6, 1938. Death is said to have occurred on the date stated above, at 9:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Other contributory causes of importance:	
Asthenia	"

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Henry J. Goldberg, M. D.

(Address) Johns Hopkins Hosp

OCT 13 1938

H 4363

Exact statement of OCCUPATION is very important. See instructions on back of certificate. Statements of DEATH in plain terms, so that it may be properly classified.

M. D. F. 1268-9

F 51053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Northern Parkway Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Dengler.

(a) Residence: No. 3110 Northern Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Dengler

6. DATE OF BIRTH (month, day, and year) June 24-1853

7. AGE: Years 85 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md ~~Germany~~

FATHER

13. NAME John Herget

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Dengler.
(Address) 3110 Northern Parkway.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer - Oct 14-38
Place Date 19

19. UNDERTAKER Jos. J. Otten & Son
(Address) 3061 Kentucky Ave
Huntington Williams, W. Va.

Oct 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct-11-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1938 to Oct 11 1938

I last saw h alive on Oct 11 1938 Death is said to have occurred on the date stated above, at 7.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	?
Chronic lung & heart disease	?
Other contributory causes of importance:	
Acute pulmonary edema	2 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) Albert Theisen M. D.

(Address) 4116 Northern Parkway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should

F 51054 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51054

CERTIFICATE OF DEATH

X 72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 22 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Millestead Shinn

If U.S. Veteran specify WAR

(a) Residence: No. 1607 30th St. S.E., Washington, D.C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of J. Edward Shinn

6. DATE OF BIRTH (month, day, year) Sept. 26, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

FATHER

13. NAME Geo. T. Millestead

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martina Fredas

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Mrs. G. W. Talbott

(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Alex Va. Date 11/13/38

19. UNDERTAKER J. F. Arnold

(Address) Alex. Va.

NOV 13 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1938 to Oct. 13, 1938

I last saw her alive on Oct. 13, 1938 Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	2 wks
Other contributory causes of importance:	
Oral Sepsis	?
Secondary anemia	?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Boyd Tate M. D.

(Address) 202 Cresmont Rd

state CAUSE OF DEATH in plain terms. Indefinite or abbreviated terms are not acceptable. PHYSICIANS should OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 51055 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51055

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 10-92-0

CITY OF BALTIMORE: (No. Bay View St., 26 3rd Ward) Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Francis Kerns

(a) Residence: No. 107 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian M. Kerns

6. DATE OF BIRTH (month, day, year) Dec. 5-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9 10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Waver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

MOTHER

13. NAME Lillian Kerns

14. BIRTHPLACE (city or town) (State or country) Del.

FATHER

15. MAIDEN NAME Elizabeth Irving

16. BIRTHPLACE (city or town) (State or country) Wilmington Del.

17. INFORMANT Mrs. Lillian M. Kerns

(Address) 107 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 15 37

19. UNDERTAKER Tilly & Zeller Inc

(Address) 603 S. Conkling St.

20. FILED Oct 13 1937 Thos. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Months
Valvular heart disease	Years
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1937

F 51056

F 51056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 186-a

Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Patterson

U. S. Veteran (Specify WAR)

(a) Residence: No. 603 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Ida Patterson

6. DATE OF BIRTH (month, day, year) Oct 24 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Moses Patterson

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Annie Stevens

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Sister-in-law claimed by Fred Patterson brother (Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL Place Belfast Maine Date Oct 16 38

19. UNDERTAKER Tilly & Miller Inc. (Address) 403 Mt Olive St

13 1938 Huntington Williams, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 19 38

22. I HEREBY CERTIFY, That I [illegible] charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Pneumonia Days	
Other contributory causes of importance: Fracture neck left femur	Sept.

Was an operation performed? No Date of Oct 5 38

For what disease or injury? Fracture neck left femur

Name of operation? Smith-Peterson nail Date of Oct 5 38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 5 19 38

Where did injury occur? 603 W. Franklin St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped fell on floor

Nature of injury Fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

V 86

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51057

F 51057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2197) Rund Hill Rd (Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta H Tapper

If U. S. Veteran specify WAR

(a) Residence: No. 2197 Rund Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write) the word: Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: M. Eric Tapper

6. DATE OF BIRTH (month, day, year): 1908

7. AGE: Years 30 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Red Star West Va

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: Sarah Hyklin

16. BIRTHPLACE (city or town) (State or country): West Va

17. INFORMANT: M Eric Tapper

(Address) 2197 Rund Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Thurmond W Va. Date: Oct 13 1938

19. UNDERTAKER: Archibald A Gaddis

(Address) 2101 McCulloh St. Huntington Williamson, W Va

Registrar

13 1938

If

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: Oct 10 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L Allen M. D.

(Address) 500 Pennsylvania Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51058

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 533 Hamilton Terrace St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Burbridge Keech Mantell

If U. S. Veteran specify WAR

(a) Residence: No. 533 Hamilton Ter St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. William A Mantell

6. DATE OF BIRTH (month, day, year) Feb 4 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dr. Henry H. Keech

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Bascom Pigman

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Miss Katharine S. Mantell

(Address) 533 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Oct 14 1938

19. UNDERTAKER Henry H. Tenney & Sons

(Address) 24 Cathedral & Orchard Sts

20. FILED 13 Oct. 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938 to Oct 11 1938

I last saw h[illegible] alive on Oct 11 1938. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	?
Bronchial Pneumonia	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leland Keech M. D.

(Address) 2502 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 51059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51059

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas August Beckert

If U. S. Veteran specify WAR

(a) Residence: No. 1228 Williams St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Teresa Beckert

6. DATE OF BIRTH (month, day, year) Mar. 25, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman A. & P Co Warehouse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Beckert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME NotKnown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. C.A. Beckert
(Address) 1228 Williams

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Brooklyn 10/11/38

19. UNDERTAKER John J. Fahey & Sons
(Address) N. Eutaw St.

20. FILED 19 Huntington Williams, Registrar

13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide or Homicide? Accident Date of injury Sept. 15, 1938, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from Platform of A. & P Warehouse Clarkson & Heath St.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while working

(Signed) M. D.
Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51060 HEALTH DEPARTMENT—CITY OF BALTIMORE 51060

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Mullington Ter. W. (Ward) 5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia M. Smallwood

If U. S. Veteran specify WAR No Record

(a) Residence: No. 422 Mullington Ter. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. E. Smallwood

6. DATE OF BIRTH (month, day, year) Jan 31 1855

7. AGE: Years 53 | Months 8 | Days 1222 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Northampton Co. Va.

FATHER

13. NAME Thomas Duffy

14. BIRTHPLACE (city or town) (State or country) Newyork N. Y.

MOTHER

15. MAIDEN NAME Katherine Davis

16. BIRTHPLACE (city or town) (State or country) Northampton Co. Va.

17. INFORMANT Elizabeth Baker

(Address) 422 Mullington Ter

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/15/38

19. UNDERTAKER Wm. Cook

(Address) 1219 E. Fayette St

20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1938 to Oct. 13, 1938

I last saw he alive on Oct. 13, 1938 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast	1927
Other contributory causes of importance: Bronchopneumonia	1 wk

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify ...

(Signed) Jas. M. Blumberg, M. D.

(Address) 2000 Hackles St

OCT 14 1938

K

Exact statement of OCCUPATION is very important. See instructions on back of certificate. Abbreviations of words in plain terms, so that it may be properly classified.

51061

HEALTH DEPARTMENT—CITY OF BALTIMORE

51061

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Gorsuch Ave Ward) 9-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A. Wagner

If U. S. Veteran specify WAR No Record

(a) Residence: No. 723 Gorsuch Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Edith M. Wagner

6. DATE OF BIRTH (month, day, year) Aug 17th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business (Furniture)

10. Date deceased last worked at this occupation (month and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Edith M. Wagner

(Address) 723 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Oct 14th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams Nov

OCT 14 1938

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1938 to Oct 12 1938

I last saw h~~e~~ alive on Oct 11 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mel. Hyperacidosis	
Chr. Colloid goitre. Cancer ?	
Other contributory causes of importance:	
Cardiac Arteriosclerosis	Oct 10
Coma.	

Was an operation performed? Date of

For what disease or injury?

Name of operation X Ray plays

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C N Meyer M. D.

(Address) 1500 E. 32nd

F 51062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51062

CERTIFICATE OF DEATH

✓ 82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie L. Walburg

If U. S. Veteran specify WAR No Record.

(a) Residence: No. 1624 St Paul St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank L. Walburg

6. DATE OF BIRTH (month, day, year) Oct 20th 1870

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
68 (67)	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward M. Franklin

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Annie Dailey

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Frank Walburg

(Address) 1624 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 15th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, Registrar.

OCT 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1938, to Oct 13, 1938

I last saw her alive on Oct 13, 1938. Death is said to have occurred on the date stated above, at 6.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	?
Other contributory causes of importance:	
Interstitial nephritis generalized	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ....If so, specify .....

(Signed) Richard W. Wittington M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

51063 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51063

CERTIFICATE OF DEATH

91-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 E. 21st St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Yes Record

2. FULL NAME Veronica Carlton

(a) Residence: No. 702 E. 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Lyons Carlton

6. DATE OF BIRTH (month, day, year) Oct 2nd 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Co

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 5—

12. BIRTHPLACE (city or town) (State or country) Urbanna Va

FATHER

13. NAME L. Millard Carlton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lee Major

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT R. Leonard Carlton
(Address) 3501 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL Baldon Oak Date Oct 14 38

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul Street

20. FILED Oct 14 1938 Thomas Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1938, to Oct 12, 1938, I last saw him alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis due to Streptococcus Viridans — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Blood What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) M N Pegram M. D.

(Address) 2105 Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 51064

F 51064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH: CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Joseph Jacobson

(a) Residence: No. 1805 E. Eutaw Place St., Ward. New York (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16, 1855

7. AGE: Years 82, Months 10, Days 27, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Geo. Jacobson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Levison

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Dr. Leon J. Steinberg 1805 Eutaw Place

18. BURIAL, CREMATION, REMOVAL. Place Balto. Hebrew Cem. Date Oct. 14, 1938

19. UNDERTAKER (Address) David Lowenkron 1702 Eutaw Place Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1938 to Oct. 13, 1938 Death is said I last saw h— alive on to have occurred on the date stated above, at 18. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. P. Friedman M. D.

(Address) Franklin Sq. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 14 1938

51065

HEALTH DEPARTMENT—CITY OF BALTIMORE

51065

CERTIFICATE OF DEATH

36798 (1946-B)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Paul Needing

If U. S. Veteran specify WAR

(a) Residence: No. 1168 Cleveland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda E. Needing

6. DATE OF BIRTH (month, day, year) 12/24/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civil Engineer Dept. City

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown (dead)

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown (dead)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct 15 1938

19. UNDERTAKER Mr & Mrs. John W. Peukert & Son
(Address) 801 W. Fayette St

20. FILED Oct 17 1938 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1938 to October 13, 1938

I last saw him alive on October 13, 1938. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Shantalle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

51066

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51066

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2138 E Balto. St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Morris Palees

If U. S. Veteran specify WAR .....

(a) Residence: No. 2138 E Balto. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mike Palees

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mitchel Palees

(Address) 2138 E Balto. ST

18. BURIAL, CREMATION, OR REMOVAL

Where North Point Date Oct 14 1938

19. UNDERTAKER Sol Levin & Bros

(Address) 1124 W North Ave

Huntington Hillcrest, N.Y.

20. FILED OCT 14 1938 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 . 1938

22. I HEREBY CERTIFY, That I attended deceased from October 7 . 1938 to October 13 . 1938

I last saw him alive on October 13 . 1938. Death is said to have occurred on the date stated above, at 5 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-7-38
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Hunt Levy M. D.

(Address) 2301 Eutaw Place

F 51067

F 51067 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital Ward 22-1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rabbi Nathen Kohen

(a) Residence: No. 522 S. Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Esther Kohen

6. DATE OF BIRTH (month, day, year) Sept 15, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	28	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Kohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Kohen
(Address) 522 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Rd Date Oct 14 1938

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W North ave

20. FILED Oct 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1938 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. H. Haller, M. D. Coroner

(Address) 225 W Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 14 1938

F 51068

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51068

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifton H. Carrington

If U. S. Veteran specify WAR

(a) Residence: No. 1200 E. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Carrington

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Isabella Carrington

(Address) 1200 E. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 15 1938

19. UNDERTAKER Robert F. Wilkins

(Address) 15 15th St Huntington Station, N.Y.

20. FILED Registrar. Oct 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Oct. 8, 1938 19

Where did injury occur? North Point Rd. Balto. Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Collision of Two(2) Autos. North Point Rd & Trappe Rd.

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) C. R. O'Neill M. D.

(Address) 2757 W. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6. 1938

F 51069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51069

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 1007 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Beidler

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Beidler

6. DATE OF BIRTH (month, day, year) 28 April 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Prussia Germany

FATHER

13. NAME Michael Glomka

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.

(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL

Place Harrisburg Pa. Date Oct 15 1938

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED 19 Registrar

OCT 14 1938 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1938 to Oct 12 1938

I last saw her alive on Oct 12 1938. Death is said to have occurred on the date stated above, at 5.90 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	2 D.
Other contributory causes of importance:	
Cortical Sclerosis	?
Senile Involution	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1117 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

1070

HEALTH DEPARTMENT—CITY OF BALTIMORE

51070

CERTIFICATE OF DEATH 37787 (15)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No. 9-1121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha E. Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 302 N. Gilmor Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William H. Johnson

6. DATE OF BIRTH (month, day, year) 6/9/1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

FATHER

13. NAME Agustus Green

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Eliza Gross

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct 14, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED OCT 14 1938 by Livingston Williams Asst. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1938 to 10-11, 1938

I last saw her alive on 10-11, 1938 Death is said to have occurred on the date stated above, at 1105 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	?
Uremia	several days
Other contributory causes of importance:	
nodular goitre ?	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

(Richard G Molesworth.)

51071

HEALTH DEPARTMENT—CITY OF BALTIMORE

51071

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 Poplar Grove St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard G. Molesworth.

(a) Residence: No. 541 Poplar Grove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lydia V. Molesworth

6. DATE OF BIRTH (month, day, year): March 3, 1862.

7. AGE: 76 Years | 6 Months | 9 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Wright Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1909

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

FATHER

13. NAME: Richard G. Molesworth

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

MOTHER

15. MAIDEN NAME: Mary Grimes

16. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

17. INFORMANT: Mrs. Lydia V. Molesworth

(Address) 541 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Prospect Cem. Balto. Co. Md. Date: Oct 15 1938

19. UNDERTAKER: Robert S. Little

(Address) 2200 Edmondson Ave

Huntington Williams, Nyt.

OCT 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 12, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described herein, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hearn M. D.

Coroner

(Address) 115 Harmony

State name of DISEASE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

51072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51072

CERTIFICATE OF DEATH

93-C

Registered No. 15-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Grantley Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. moe. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillie E. Porter,

(a) Residence: No. 3401 Grantley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Porter,

6. DATE OF BIRTH (month, day, year) November 14. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Reckert,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda Allmac,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lewis W. Porter,
(Address) 3401 Grantley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date OCT 15 1938

19. UNDERTAKER Geo N Little
(Address) 2700 Edmondson Ave.

20. DATE RECEIVED OCT 14 1938 Huntington Willingsworth M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936 to Oct 13 1938

I last saw h[illegible] alive on Oct 12 1938. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 yrs
Chronic myocarditis	2 yrs
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. G. Jones M. D.

(Address) 2818 E. Baltimore St

F 51073

51073 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert. J. Schwartz

If U. S. Veteran specify WAR

(a) Residence: No. 830 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. ?) 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jefferson City Mo.

FATHER

13. NAME Adam Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma B. Kohn.

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mary Frances Schwartz

(Address) Jefferson City Mo.

18. BURIAL, CREMATION, OR REMOVAL

Place Jefferson City Mo. White Oct 14/38 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) did find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10/11.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. J. Hanna Coroner M. D.

(Address) 18 W. Pr Baltimore 24

OCCUPATION is very important. See instructions on back of certificate.

OCT 14 1938

51074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51074

Registered No. 94-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 S Brunswick St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Boettinger

If U. S. Veteran specify WAR

(a) Residence: No. 538 S Brunswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer-storehouse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. Railroad

10. Date deceased last worked at this occupation (month and year) Oct 11, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME HENRY BOETTINGER

14. BIRTHPLACE (city or town) (State or country) YORK PENNSYLVANIA

MOTHER

15. MAIDEN NAME MARGARET-SCHLISHTHORN

16. BIRTHPLACE (city or town) (State or country) BAVARIA GERMANY

17. INFORMANT FRANK HENRY BOETTINGER

(Address) 201 WILHELM ST.

18. BURIAL, CREMATION, OR REMOVAL

Place CATHEDRAL CEM. Date OCT 17 19 38

19. UNDERTAKER George A. Farley

(Address) Glen Burnie Anne Arundel Co. Md.

20. FILED 19

Registrar

OCT 14 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938 to Oct 13, 1938

I last saw h[illegible] alive on Oct 12, 1938 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? General Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Korpeck M. D.

(Address) 1934 Wilkens Av

OCCUPATION is very important. See instructions on back of certificate.

F 51075 Koerber ✓ F 51075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 92-a

Registered No. .....

1. PLACE OF DEATH Mercy Hospital, Balto

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Augustus W. Koerber If U. S. Veteran specify WAR

(a) Residence: No. 4 E. Lexington St., ... Ward. Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter A. Koerber

6. DATE OF BIRTH (month, day, year) Oct. 2, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md. Marquis

FATHER

13. NAME Maud Mendes

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Fine Reid

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Walter A. Koerber (husband) (Address) 4 E. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Cem. Date Oct 15th 1938

19. UNDERTAKER H. Snyder Ward Sons (Address) 1710 E. Fort Ave.

20. FILED Oct 14 1938 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Oct 12, 1938

I last saw h[illegible] alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Brain Hemorrhage	1 yrs
	9 days
Other contributory causes of importance:	
Heart Insufficiency	1 yrs
Hypertension	1 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Knight Cooper M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

C 1 4 1938

$1076 Bessie Katzen

HEALTH DEPARTMENT—CITY OF BALTIMORE 51076

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Irving Place St. 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 mos. dy. How long in U. S. If of foreign birth? 40 yrs. mos. dy.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Katzen

(a) Residence: No. 5 Irving Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Abstead

(Address) 1524 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Date 10/14/38

19. UNDERTAKER Jos. Levy Son

(Address) 1439 E. Baltimore St

OCT 14 1938 Huntingtown, Maryland

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/38

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct. 13, 1938

I last saw her alive on Oct. 13, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1 yr.
Nephritis -	
Arteriosclerosis -	
Coronary Embolism	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Linden M. D.

(Address) 14 E. Broadway

51077

HEALTH DEPARTMENT—CITY OF BALTIMORE F 51077

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Wash. Blvd St. 22-2 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Rosenthal

(a) Residence: No. 519 Wash. Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Morris Rosenthal.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Rosenthal (Son)
(Address) 305 E. 23rd St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 10-14- 1938

19. UNDERTAKER Joe Faura Inc
(Address) 1499 E. Baltimore St

20. DATE RECEIVED OCT 14 1938 Huntington Williamsport, Md
Huntington Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to 10-14 1938
I last saw her alive on 10-14- 1938 Death is said to have occurred on the date stated above, at 10 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bowel	6 months
Other contributory causes of importance: Metastasis	

Was an operation performed? Yes Date of July 12 1938
For what disease or injury? Carcinoma
Name of operation Intestinal anastomosis
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Morrison M. D.
(Address) 1213 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

51078 F 51078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George W. Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 116 N. Milton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie May Francis

6. DATE OF BIRTH (month, day, year) Jan 21 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton, Md

FATHER

13. NAME Joshua Taylor

14. BIRTHPLACE (city or town) (State or country) Parkton, Md

MOTHER

15. MAIDEN NAME Elizabeth Jarrett

16. BIRTHPLACE (city or town) (State or country) Mt Carmel, Md

17. INFORMANT Mrs. A. Taylor

(Address) 116 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/17/38 19

19. UNDERTAKER Mrs. Wm. Thorn

(Address) 2513 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1938 to Oct 13 1938

I last saw h[illegible] alive on Oct 13 1938. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Intestinal obstruction	9-20-38

Other contributory causes of importance:

Bronchopneumonia	9-28-38
Myocardial failure	10-2-38

Was an operation performed? Yes Date of 9-24-38

For what disease or injury? Intestinal Obstruction

Name of operation Hemiplasty - release of adhesions

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hosp.

V 8 3

51079

HEALTH DEPARTMENT—CITY OF BALTIMORE

51079

CERTIFICATE OF DEATH

104

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3039 Abell Ave St. 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
Lifetime

2. FULL NAME Thomas F. Langan
If U. S. Veteran specify WAR

(a) Residence: No. 3039 Abell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23 - 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk of Court
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Courthouse
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Michael F. Langan
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Annie Cunningham
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Michael F. Langan
(Address) 3039 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Oct 15 38

19. UNDERTAKER Chas. T. Myers Son Inc
(Address) 115 W. Mulberry St

20. FILED OCT 14 1938 Huntington Willard, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Oct 12, 1938
I last saw him alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 2:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 10-38
Pleurisy with Effusion.	Aug 8-38

Other contributory causes of importance:

Myocarditis.	Aug 8-38

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James F Kavanagh, M. D.
(Address) 3328 McElderry St

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

51080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51080

CERTIFICATE OF DEATH

94-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3225 St Paul St., 12 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugenia L. McCarty

(a) Residence: No. 3225 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Wm Beale McCarty

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia A. McCarty

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Letitia Palmer

Address 3225 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Oct 14 38

19. UNDERTAKER Chas. F. Maus Mortuary Inc

(Address) 15 W Mulberry St

Huntington Williams Funeral Dir

20. FILED OCT 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep. 12, 1938 to Oct. 12, 1938

I last saw her alive on Oct. 12, 1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 38
Other contributory causes of importance: Arteriosclerosis	30

Was an operation performed? No Date of .....

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Frank M. Ogden, M. D.

(Address) 2701 N. Calvert St

51081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51081

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Franklin Square Hosp. (Registered No.)

CITY OF BALTIMORE: (No. 27-19 St., [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Trainor

(a) Residence: No. 3319 Belvedere Av. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of John A. Trainor

6. DATE OF BIRTH (month, day, year) Aug. 9, 1892

7. AGE - Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hayden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Handley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John A. Trainor
(Address) 3319 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct. 15, 1938

19. UNDERTAKER Martin Fisher & Sons
(Address) 1827 Eutaw Pl. & Park Ave.

Oct 14 1938 19 [illegible], Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-8- 1938 to 10-12 1938

I last saw her alive on 10-12 1938 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Uremia

Date of onset

Other contributory causes of importance:

Pulmonary Edema
Hypostatic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. P. Friedman M. D.

(Address) Franklin Sq. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 51082

51082 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Calhoun St.) (16-K Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR Spanish

2. FULL NAME William Kerman

(a) Residence: No. 707 N Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1877

7. AGE: Years 61 | Months 60 | Days ? | If LESS than 1 day, ... hrs. or ... min. 9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Cato Md

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Josephine Johnson
(Address) 707 N Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 10/14 1938

19. UNDERTAKER: Charles H Cooper
(Address) 514 N Calhoun St. Harrington Wilmington, Del.

20. FILED: OCT 14 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1938 to Oct 11 1938

I last saw him alive on Oct 10 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis

Date of onset —

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, how? ...

(Signed) W. F. Howell M. D.

(Address) 601 N Carrollton Ave

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

F 51083

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51083

CERTIFICATE OF DEATH

CGK-V32663 VHH-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Carter

(a) Residence: No. 5607 Tremore Rd. Hamilton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna B.

6. DATE OF BIRTH (month, day, year): Oct. 11, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	49	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown 081

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Rhoedes Carter

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Deborah

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Balt Cemetery Date: 10-15-38

19. UNDERTAKER: Leonard J. Roach
(Address): 6205 Harford Rd

20. FILED ... 19... Registrar.
OCT 14 1938 Mt. Fairy (Millard), Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1938 to 10-13, 1938

I last saw him alive on 10-12, 1938. Death is said to have occurred on the date stated above, at 6.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma Stomach with metastasis unknown	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Unknown If so, specify

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

F 51084

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51084

CERTIFICATE OF DEATH

V 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mansion House) St. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Collins

If U. S. Veteran specify WAR

(a) Residence: No. 452 Harford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa E. Collins

6. DATE OF BIRTH (month, day, year) Dec 12 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter 1915

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Henry Collins

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Charlotte Adler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Louisa Collins
(Address) 452 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Lodge Date 10-17-38

19. UNDERTAKER Leonard J. Rost
(Address) 5305 Belair Rd

20. FILED OCT 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1938, to Oct. 13, 1938

I last saw h.. alive on Oct. 13, 1938. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Arteriosclerotic & V. disease	
Auricular fibrillation	
Other contributory causes of importance:	
Senility	

Was an operation performed? (Yes or No) Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) James H. Mitchell, M. D.
(Address) 1 E. Mt. Vernon Pl.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS on BACK OF CERTIFICATE.

51085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51085

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St. 9-9 Ward) 121 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Gertrude K Cramer

If U. S. Veteran specify WAR

(a) Residence: No. 1335 E North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H Cramer

6. DATE OF BIRTH (month, day, year) Sept 8 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME F. K. Glensky.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Hehlemann Baker

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Robert Henry Cramer
(Address) 1335 E North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Govans. Date 10/15 1938
Greenmount Cemetery

19. UNDERTAKER Stephen J Faulkner
(Address) 1600 E Monument St

20. FILED Huntington Williams, Registrar.
OCT 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938 to Oct 12, 1938

I last saw h er alive on Oct 12, 1938 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & cholelithiasis	1933
Chronic appendicitis	?
Other contributory causes of importance:	
Pulmonary embolism	10-5-38
" "	10-12-38

Was an operation performed? Yes Date of Sept 27 38

For what disease or injury? Cholecystitis, appendicitis

Name of operation Cholecystectomy, appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) L K Mansfield M. D.

(Address) Md. Gen. Hosp.

F 51086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51086

CERTIFICATE OF DEATH

✓85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-32 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Samuel Turner (alias James Woodside)*

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Albany, Ga

FATHER

13. NAME —
14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Women Police; Police Authorities of
(Address) Albany, Georgia

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 14 1938 19
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Edema, Acute Cardiac Dilatation	1 hr.
Other contributory causes of importance: Chr. Epilepsy	20 yrs.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D.
Coroner

(Address) 2300 Eutaw Place.

OCCUPATION is very important. See instructions on back of certificate.

1387

51087 F 51087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 W. Mulberry St. St.) 17-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joe Reese alias "Indian Joe"

If U. S. Veteran specify WAR ...

(a) Residence: No. 548 W Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Red man	Single

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Work.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Mexico

FATHER

13. NAME — —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT James Brown

(Address) 548 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 14 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) ...

20. FILED OCT 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2 hrs
Other contributory causes of importance: Chr. Cardio Vascular Dis. Chr. Alcoholism	3 yrs.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael A. Abrams, M. D., Coroner

(Address) 2360 Eutaw place

OCCUPATION is very important. See instructions on back of certificate.

4368

51088

F 51088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U.S. Veteran specify WAR

2. FULL NAME Baby Whitaker

(a) Residence: No. 1320 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Oct 9 38~~

6. DATE OF BIRTH (month, day, year) Oct 9, 38

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 1320 McCulloh St Balto Md

MOTHER

13. NAME Henry Logan

14. BIRTHPLACE (city or town) (State or country) Augusta, Ga

FATHER

15. MAIDEN NAME Ertie Fenner

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL OCT 14 1938 Commissioner of Health

19. UNDERTAKER (Address) Per H. A. Moore

20. FILED — Registrar

OCT 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	6 hrs
Other contributory causes of importance: Prematurity	6 hrs

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 2360 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

4366

51089

HEALTH DEPARTMENT—CITY OF BALTIMORE

51089

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Roland Ave St., 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Winter Hart

If U. S. Veteran specify WAR

(a) Residence: No. 4302 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred D. Hart

6. DATE OF BIRTH (month, day, year) Nov. 17-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm P. Winter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma R Reyman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT W Melbourne Hart
(Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 15 1938

19. UNDERTAKER Chas. E. Franck
(Address) 502 Madison Ave

20. FILED 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8 1938 to Oct 13 1938

I last saw h alive on Oct 12, 1938 Death is said to have occurred on the date stated above, at 12.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1935
Chronic Interstitial nephritis	1935
Acute Bronchitis	1 week
Other contributory causes of importance:	
Anaemia	1 day

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Stallman F Silverman M. D.

(Address) 6 East Biddle St

OCCUPATION is very important. See instructions on back of certificate.

4 1938

51090

E 51090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159 cc

Registered No. 872

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grimes Baby Girl

(a) Residence: No. 45 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. MAIDEN NAME Dorothy Grimes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dorothy Grimes Mother

(Address) 45 E Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Cremated

Place City Hospitals Date Oct 1 1938

19. UNDERTAKER Balto. City Hospitals

(Address)

20. FILED Huntington Williams, Registrar

Oct 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

disclosed by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 5 hrs.	Oct. 1-1938
Atelectasis	Oct. 1-1938
Other contributory causes of importance Incomplete Abortion	Sept. 30-1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W Wood, M. D. Coroner

(Address) 711 N. Eutaw St.

INSTRUCTIONS IS very important. See instructions on back of certificate.

51091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51091

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hyderian Hosp St., 5th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Josephine Booker

If U. S. Veteran specify WAR

(a) Residence: No. 1215 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Sandie Booker

6. DATE OF BIRTH (month, day, year): Sept. 9, 1917.

7. AGE: Years 21 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Suffolk, Va.

FATHER

13. NAME: John Jones.

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Florence Jones

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Husband.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 10-14- 1938

19. UNDERTAKER: Byson & Francis H. Wright

(Address) 2181 Mc Elderry St

20. FILED 1938 H. Eugene Hillyard, Registrar.

OCT 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 12, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1938 to Oct. 12, 1938

I last saw her alive on Oct. 12, 1938 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	9/23/38
Other contributory causes of importance:	
Cardiac Failure due to	10/10/38

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Byron S. Peele Jr. M. D.

(Address) Hyderian Hosp.

51092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 51092

Registered No. 106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Hetz

(a) Residence: No. 2009 Braddish Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9-1924

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
13	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John R Hetz
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Metzger
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Elizabeth Hetz
(Address) 2009 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Oct 17 38

19. UNDERTAKER John A. Phelan
(Address) 3300 E. Baltimore St

Oct 14 1938 Huntington Williams, Reg.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/1938

22. I HEREBY CERTIFY, That I attended deceased from September 28 1938 to October 13 1938
I last saw him alive on October 13 1938 Death is said to have occurred on the date stated above, at 5.50 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Sept 26
Rheumatic Heart disease	1934

Other contributory causes of importance:

Pyopneumothorax

Was an operation performed? Yes Date of 9/12/38

For what disease or injury?

Name of operation Thoracentesis

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W.B. Culwell M. D.

(Address) Mercy Hospital

VD 3

F 51093

51093 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Washington Blvd. St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catharine Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 912 Washington Blvd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	1	45	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Clark

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Kath. Mullen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Gertrude Fritz

(Address) 912 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date Oct 15, 1938

19. UNDERTAKER John A. Logan

(Address) 1209 E. Baltimore St.

20. FILED Oct 17 1938 Hunter Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/38

22. I HEREBY CERTIFY, That I attended deceased from 10/1/38 19.. to 10/12/38 19..

I last saw her alive on 10/12/38. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/10/38
Paralysis	
Other contributory causes of importance: Arterio Sclerosis	10/1/38
" Tension	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Shepherd Dyer, M. D.

(Address) 1 East Read St.

14

51094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51094

CERTIFICATE OF DEATH

✓23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 E. Monument St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Burlin Sr

(a) Residence: No. 2602 E. Monument St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Burlin

6. DATE OF BIRTH (month, day, year) May 16, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Riveter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port. DePosit Md

FATHER

13. NAME William Burlin

14. BIRTHPLACE (city or town) (State or country) Port DePosit Md

MOTHER

15. MAIDEN NAME Marion Cather

16. BIRTHPLACE (city or town) (State or country) Port. DePosit Md

17. INFORMANT Catherine A. Burlin

(Address) 2602 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Pro Cathedral Date Oct. 15, 1938

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St

20. FILED Huntington Williams, REGISTRAR.

Oct 1938

MEDICAL CERTIFICATE OF DEATH D

21. DATE OF DEATH (month, day, year) Oct 12, 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 1-, 1936 to Oct 12, 1938

I last saw h[im] alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 1-1936
Other contributory causes of importance: Myocarditis	Abt 1937

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) James J Kavanagh M. D.

(Address) 3525 McCeldery St.

51095

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51095

CERTIFICATE OF DEATH

XV 126

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 1-3 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Anna H. Isaacogle

If U. S. Veteran specify WAR No

(a) Residence: No. Westminster, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. M. Isaacogle

6. DATE OF BIRTH (month, day, year) Aug 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME J. Holmes Houck

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Jane Powell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT H. M. Isaacogle

(Address) Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Date Oct. 17 1938

19. UNDERTAKER Md Lordship Day

(Address) Hunterstown Pa

OCT 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/28, 1938 to 10/14, 1938

I last saw her alive on 10/14, 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month, day, or year)
Acute Endocarditis (error)	
Acute Endocarditis	
Acute Pancreatitis	
Pancreas + Gallbladder	

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/5/38

For what disease or injury? Gallbladder

Name of operation Cholecystotomy + Drainage of Pancreas

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Fantony Jr M. D.

(Address) Maryland General Hospital

V8 8

51096

HEALTH DEPARTMENT—CITY OF BALTIMORE

51096

CERTIFICATE OF DEATH

35749 (DB)

95-B

Registered No. 27-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. A. Hubbard

(a) Residence: No. 5006 Cordelia Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Hubbard

6. DATE OF BIRTH (month, day, year) 4/29/1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83 83	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 87

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME William Underhill

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Nancy McCready

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Oct 17 1938

19. UNDERTAKER J. Fletcher Thompson & Son (Address)

20. FILED Oct 19 1938 Huntington Nuttycombe, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1938 to October 14, 1938

I last saw her alive on October 14, 1938. Death is said to have occurred on the date stated above, at 3 00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

1-4 1938

H

097

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51097

CERTIFICATE OF DEATH

V 82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Harry H. Wilms (Harry Herman Wilms)

(a) Residence: No. 2128 E. North Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mae Herman Wilms

6. DATE OF BIRTH (month, day, year) August 9, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Navy Yard

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Frederick Wilms

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Siegrist

16. BIRTHPLACE (city or town) Baltimore, Md (State or country)

17. INFORMANT Mrs. Mae Herman Wilms

(Address) 2128 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date October 17 1938

19. UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Penna. Aves.

20. FILED OCT 14 1938 Huntington Wilms Registrar, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1938, to Oct. 13, 1938.

I last saw him alive on Oct. 13, 1938 Death is said to have occurred on the date stated above, at 11:42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemmorrhage	10/11/38
+ Intracerebral Hemorrhage	

Other contributory causes of importance:

Increased intracranial pressure

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation Spinal

What test confirmed diagnosis? Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify...

(Signed) James H. Minogeh M. D.

(Address) M.D. Gen. Hospital

V 0 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51098

CERTIFICATE OF DEATH

Registered No. F 51098

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Boriskey

(a) Residence: No. 552 Crest Rd Chattanooga Tenn Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Malvina Boriskey

6. DATE OF BIRTH (month, day, year) Nov. 21 87

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	4 10	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theatres

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joel Boriskey

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Carrie Galkoff

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ricardo JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Pl. Chattanooga Tenn 10-14-38

19. UNDERTAKER John O. Mitchell Co Inc

(Address) 1400 Eutaw St

20. FILED 19 Registrar.

1938 Huntington Williams, Md.

D Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1938 to Oct 17 1938

I last saw h.im alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycystic kidneys, bilateral	1936
Other contributory causes of importance: Uremia & acidosis	10/10/38
Nephrolithiasis	1923

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund L Cauley, M. D.

(Address) Johns Hopkins Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

F 51099

51099

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-P

CERTIFICATE OF DEATH

REGISTERED NO. 27-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Hawthorne Rd. ST., 27-14 WARD)

2—FULL NAME James William Cain

(a) RESIDENCE NO. 201 Hawthorne Road ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rose Mallahan Cain

6 DATE OF BIRTH (month, day, and year): Sept 1, 1860

7 AGE — Years: 78 — Months: 1 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Vice President

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Tool Co

(c) Name of employer: New Haven Conn

9 BIRTHPLACE (city or town) (State or country): Patrick Cain Ireland

PARENTS

10 NAME OF FATHER: Patrick Cain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Rose Mc Cain

(Address) 201 Hawthorne Road

4 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 1938

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1938. to Oct 13. 1938.

that I last saw h[illegible] alive on Oct 13. 1938

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular disease

(duration) 15 yrs + mos ds.

CONTRIBUTORY (Secondary): Myocarditis (duration) yrs. mns. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Mack, M. D.

. 19 (Address) 513 East 34th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Oct 15 1938

20 UNDERTAKER: John O. Mitchell Funeral Service — ADDRESS: 1900 Eutaw Place

51100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

F 51100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME S. Burns Ratcliffe

If U. S. Veteran specify WAR .....

(a) Residence: No. 1433 Mt Royal Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Offutt Ratcliffe

6. DATE OF BIRTH (month, day, year) Dec 7th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75 74	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Brinton H. Ratcliffe

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Bringuier

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Florence Estelle Ratcliffe

(Address) 1433 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL. Place London Pk Date Oct 15th 1938

19. UNDERTAKER George J Smith

(Address) 1900 Eutaw Place

20. FILED Huntington Williams, Registrar.

OCT 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1938 to Oct 12, 1938

I last saw him alive on Oct 11, 1938 Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Other contributory causes of importance:	
Melena	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Transurethral Resections

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lewis E Frankenthal Jr M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

51101 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51101

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Catalpha Rd. Ward) 27-3

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George L. Merryman

(a) Residence: No. 3012 Catalpha Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Merryman

6. DATE OF BIRTH (month, day, year) Apr. 26, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooperage

10. Date deceased last worked at this occupation (month, day, year) Oct. 10, 1938

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Sparks, Balto. Co., Md.

FATHER

13. NAME John E. Merryman

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Francis Connell,

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Mrs. George L. Merryman
(Address) 3012 Catalpha Rd.

18. BURIAL, CREMATION, OR REMOVAL
Block Rock, Balto. Co. Date Oct. 16 38

19. UNDERTAKER Landon & Brooks
(Address) Sparks, Md.

20. FILED 4 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/10 1938 to 10/15 1938

I last saw him alive on 10/15 1938 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Arteria-Sclerosis	
Other contributory causes of importance:	
Chronic Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ivy Bosley Zolla, M. D.

(Address) 6203 Harford Rd.

51102 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51102

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Buford Freeman

(Usual place of abode)

1a) Residence: No. [illegible] St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): [illegible]

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 88

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Spartanburg S.C

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Stella Freeman

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT (Address) Superintendent Provident Hospital Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Spartanburg S. C. Date 10/11/38

19. UNDERTAKER (Address) W. Sylvan Halstead g.l. & Funeral Home Huntington Williams, Hgts.

20. FILED 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Central Appendicitis	1
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George L. Allen M. D.

(Address) 509 Ansonia Bldg

IF OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

51103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. Ward) 121 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Yrs.~~ mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kalb, Mrs. Anita C.

If U. S. Veteran specify WAR .....

(a) Residence: No. Randallstown, Md. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (~~Wife~~) of Kalb, Mr. Clarence.

6. DATE OF BIRTH (month, day, year) May 14, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Sept 26, 1938

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) ~~Randallstown~~ Md.

FATHER

13. NAME William Beuk.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elsie Funke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Clarence Kalb

(Address) Randallstown, Md.

18. BURIAL, CREMATION, OR REMOVAL St. Johns Cem. Howard Co. Md. Oct 16-38

19. UNDERTAKER Roff & B. M. Wallis

(Address) Bradshaw Station

Huntington Williams, Md.

20. FILED OCT 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1938, to Oct. 13, 1938

I last saw her alive on Oct. 13, 1938. Death is said to have occurred on the date stated above, at 1st P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism.	10-13-38
Other contributory causes of importance:	
Pelvic Phlebitis	

Was an operation performed? Yes Date of Sept 27, 1938

For what disease or injury? Myoma Uterus, Cystocele

Name of operation Hysterectomy, Appendectomy, Repair

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wesley J. Keller, M. D.

(Address) Church Home & Inf.

51104 ✓ F 51104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 37627 (MB)

1. PLACE OF DEATH — Registered No. 953

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hughie McCall

If U. S. Veteran specify WAR

(a) Residence: No. 3802 Leo Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Catherine

6. DATE OF BIRTH (month, day, year): 3/1/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: HUGH MC CALL

14. BIRTHPLACE (city or town) (State or country): BALTO. MD.

MOTHER

15. MAIDEN NAME: Catherine

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Date: Oct. 17. 1938

19. UNDERTAKER: Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED: Oct 5 1938 Huntington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1938, to October 13, 1938

I last saw her alive on October 13, 1938. Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteosarcoma, Left Tibia	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantis, M. D.

(Address) Baltimore City Hospitals

Cchick ✓F 51105

51105 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4314 Hamilton Ave. St. 96-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Caroline Cohick

(a) Residence: No. 4314 Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Cohick

6. DATE OF BIRTH (month, day, year) Dec. 15, 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsport, Pa.

FATHER

13. NAME Jacob Spriegel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William H. Williams
(Address) 4314 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 17th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Oct. 19, 1938 Harrington Williams Registrar

F 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch. 38, 1938, to Oct. 13, 1938

I last saw her alive on Oct. 13, 1938. Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	10-12-38
Other contributory causes of importance:	
Chronic Gastritis (No evidence of Carcinoma)	1935

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Reisterstown Rd.

51106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51106

CERTIFICATE OF DEATH

OGK--36[illegible]6-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore C. Bell

If U. S. Veteran specify WAR

(a) Residence: No. 4509 Clifton Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie (D)

6. DATE OF BIRTH (month, day, year) May 20, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME William H. Bell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary E. Greenwood

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Oct 15th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED ..... 19..... Registrar.

Oct 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 29. 1938 to October 13. 1938

I last saw him alive on October 13. 1938. Death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. DeSantolle M. D.

(Address) Baltimore City Hospitals

51107 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51107

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Warwick Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ella Mae Walton

(a) Residence: No. 1004 Warwick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Emmett Ray Walton

6. DATE OF BIRTH (month, day, year) May 27th 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis P. Simpson

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Anna P. Tarbor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Emmett R. Walton

(Address) 1004 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Oct 17th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Nyt

Registrar.

20. FILED Oct 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26 1938 to Oct 13 1938

I last saw her alive on Oct 13 1938 Death is said to have occurred on the date stated above, at 4½ P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease	1 yr
Oedema & Strictures	6 mo
Annular fistullator	6 mo
Other contributory causes of importance	
acute cardiac Dilatation	3 da
Cardiac asthenia	3 da

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) A M Fromm M.D. M. D.

(Address) 806 N Fulton Ave

Dr. Paul Schreiber, M.D.

51108 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51108

CERTIFICATE OF DEATH

82-6 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Robb St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ... Record

2. FULL NAME Adeline Dessinger

(a) Residence: No. 2602 Robb St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Dessinger

6. DATE OF BIRTH (month, day, year) Nov 2 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Edward Quigg

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Adelaide Quigg (Address) Conger Md

18. BURIAL, CREMATION, OR REMOVAL Place Edgewood Date 10/15 1938

19. UNDERTAKER Jno. L. Paulk (Address) 1214 E. Baltimore

Huntington Williams, Asst. Registrar

20. FILED 10/17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/13 1938 to 10/13 1938

I last saw h... alive on 10/12 1938 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance: Senility	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James H. Mundy, M. D.

(Address) 3400 Baltimore

51109

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51109

CERTIFICATE OF DEATH

36026 (MB)

Registered No. 30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth- Bertha Mohar (also known as Bertha Moore)

If U. S. Veteran specify WAR

(a) Residence: No. 1311 Linden Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/24/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Robert Mohar

14. BIRTHPLACE (city or town) Spain
(State or country)

MOTHER

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 10-15 1938

19. UNDERTAKER Bertram W. Gore
(Address) 2224 N. Charles St.

20. FILED [illegible], 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-11-1938 to 10-12-1938

I last saw her alive on 10-11-1938 Death is said to have occurred on the date stated above, at 6:0 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast with Metastases	Unknown
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Unknown If so, specify

(Signed) L. K. Woodward Jr., M. D.

(Address) Balto City Hosp.

5 1938

M

51110 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 51110

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 46-F Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Sarah E. Ogier

(a) Residence: No. 3701 Northern Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George B. Ogier

6. DATE OF BIRTH (month, day, year) May 5, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	3 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT William Ogier
(Address) 3701 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL:
Place Mt. Carmel Cem. Date Oct. 17th 1938

19. UNDERTAKER Federal Funeral Home
(Address) 7401 Belair Road

20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/8 1938 to 10/17 1938

I last saw her alive on 10/14 1938. Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Carcinoma (Metastatic) of Liver	
Cerebral Hemorrhage.	10/14/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Lee Young Jr. M. D.

(Address) 1401 Eutaw Place.

5-1938 H Town 0141

51111 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51111

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Kedaine St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lawrence Tenney

If U. S. Veteran specify WAR

(a) Residence: No. 2911 Kedaine Drive Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Elizabeth M. Tenney

6. DATE OF BIRTH (month, day, year) May 17 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B+O R.R.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Tenney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph F Tenney

(Address) 619 Springfield Av

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10-17-38

19. UNDERTAKER Leonard J Roth

(Address) 530 S Hartford Av

20. FILED 5 1938 Huntington Williams, Registrar.

11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to Oct. 13, 1938

I last saw him alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 1 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Cerebral Thrombosis	4 hr
Other contributory causes of importance Carcinoma Liver	7 mo

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F A Stevens M. D.

(Address) 2878 Harford Av

51112

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51112

CERTIFICATE OF DEATH

Registered No. 8-793-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 N Bond St., 8 Ward)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline D Luckes

(a) Residence: No. 1329 N Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm C Luckes

6. DATE OF BIRTH (month, day, year) Dec 22nd 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 10/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Sieberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Baer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Minnie Mueller
(Address) 4304 Stanwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemeteries Date Oct 15 1938

19. UNDERTAKER Geo W Schilling & Sons
(Address) 1134-36 E Fayette St

20. FILED ... Huntington Williams, Registrar

OCT 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/7/38 19... to 10/12/38 19... I last saw her alive on 10/12/38 19... Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	
myocarditis.	over
Other contributory causes of importance:	
Acute Cardiac Dilatation	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
no If so, specify ...

(Signed) L. Fetter, M. D.

(Address) 1304 N Chester

51113 F 51113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Lakeside Ave. St., 9-2 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Elsie M. Cook

(a) Residence: No. 1506 Lakeside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard M. Cook

6. DATE OF BIRTH (month, day, year) May 12, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Milton Sassaman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rebecca Simonds

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Richard M. Cook
(Address) 1506 Lakeside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct. 15, 1938

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave. Huntington Williamsport, Pa.

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-37 19 to 10/11/38 19

I last saw her alive on 10/11/38 19 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	1 yr.

Other contributory causes of importance:

none

Was an operation performed? yes Date of 9/1/37.

For what disease or injury?

What test confirmed diagnosis? H. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. H. Herrmann M. D.

(Address) 1148 32nd St.

H

F 51114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51114

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Clairmount St. 26-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Louis Trinkaus

If U. S. Veteran specify WAR

(a) Residence: No. 3415 Clairmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick F Trinkaus

6. DATE OF BIRTH (month, day, year) Sept 25 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Don't Know Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry C Trinkaus (Address) 3415 Clairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 15 1938

19. UNDERTAKER John Ullrich (Address) 2008 Orleans St

20. FILED Oct 15 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Oct 13, 1938

I last saw h[illegible] alive on Oct 13, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 12
10 hour duration	1938
Other contributory causes of importance:	
Angina Pectoris	Oct.
	1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. F. Davidson M. D.

(Address) 3227 Eastern Ave

5 1938

51115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

F 51115

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 317 Lyman Park St. 12 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Joseph Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 317 Lyman Park St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced, HUSBAND of [illegible] Sarah E Scott

6. DATE OF BIRTH (month, day, year) Dec 5 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R.

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles M Scott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosa E Preston

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sarah E Scott

(Address) 317 Lyman Park St

18. BURIAL, CREMATION, OR REMOVAL Dr Carter Date Oct 17th 1938

19. UNDERTAKER J. H. Pickerell & Bro

(Address) N Y Ave

20. FILED Huntington Williams, Registrar

Oct 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1938 to Oct 13th, 1938

I last saw h[illegible] alive on Oct 13th, 1938 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver and r. hypochondriac Pleurisy	3 mo.
Other contributory causes of importance	

Was an operation performed? yes. Date of Sept. 16 '38

For what disease or injury? as above.

Name of operation Exploratory incision

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E Cross, M. D.

(Address) 28 W 25th St.

51116

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51116

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3530 E. Fayette St., 26-4 Ward)

Registered No. 5512

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Waclow Balcerowicz

(a) Residence: No. 3530 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or a WIFE of) Mary Balcerowicz

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Victor Balcerowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Victoria ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Balcerowicz

(Address) 3530 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Oct 17- 1938

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2007 Eastern ave

Huntington Williams, Nyse

20. FILED 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Hours
Chronic heart disease	Year

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1121 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

51117

CERTIFICATE OF DEATH

F 51117

46-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 East 41st St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME FRANK ~~DUDLEY~~ REUBEN HAYNES

If U. S. Veteran specify WAR NONE

(a) Residence: No. 725 East 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel Foss Haynes

6. DATE OF BIRTH (month, day, year) Sept. 23, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. Balto. Building & Loan Association

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 18yrs.

12. BIRTHPLACE (city or town) (State or country) ????? Virginia

FATHER

13. NAME David F. Haynes

14. BIRTHPLACE (city or town) (State or country) Brookfield Mass.

MOTHER

15. MAIDEN NAME Anstress W. Brown

16. BIRTHPLACE (city or town) (State or country) Wilton. New Hampshire.

17. INFORMANT Mrs. John W. Cable, 3rd. (dau't.)
(Address) 613 Dunkirk Rd. - City

18. BURIAL, CREMATION, OR REMOVAL.
Place Green Mount Cem., Date Oct. 15, 1938

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED Huntington Williams, Registrar

OCT 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1938, to Oct 13, 1938.

I last saw him alive on Oct. 13, 1938. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus	2y-4m.
Other contributory causes of importance:	
Myocardial insufficiency	Few days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Bowman Stork M. D.

(Address) 2250 Garrison Blvd.

51118

HEALTH DEPARTMENT—CITY OF BALTIMORE

51118

CERTIFICATE OF DEATH 33405 (MB) 95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Tillery

If U. S. Veteran specify WAR

(a) Residence No. 762 ? George St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Heddie

6. DATE OF BIRTH (month, day, year) 6/15/1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	87	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nash County, California?

FATHER

13. NAME Alfred Joyner (d)

14. BIRTHPLACE (city or town) (State or country) Nash Co., California

MOTHER

15. MAIDEN NAME Emily ?

16. BIRTHPLACE (city or town) (State or country) Nash Co., California

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date 10/15/1938.

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Shroeder St.

20. FILED Huntington Williams, Registrar.

OCT 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to October 9, 1938

I last saw her alive on October 9, 1938. Death is said to have occurred on the date stated above, at 7.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H A De Lautelle M. D.

(Address) Baltimore City Hospitals

51119 & 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51119

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Beverly Forbes

If U. S. Veteran specify WAR

(a) Residence: No. 90 & St Shirley St, Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/24/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leonard W. Forbes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ruth Williams

16. BIRTHPLACE (city or town) (State or country) Peeds

17. INFORMANT JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 15 1938

19. UNDERTAKER Isaac L Brown Son

(Address) 105 W Montgomery St

Huntington Williamsville, Md.

FILED

OCT 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938 to Oct 11, 1938

I last saw her alive on Oct 11, 1938 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. '38
Tuberculosis meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. [illegible], Jr., M. D.

(Address) Johns Hopkins Hospital

51120

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51120

CERTIFICATE OF DEATH

✓ 160-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) The Johns Hopkins Hospital St., B 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Baby Walinski (Helen)
(a) Residence: No. 1908 Fleet St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): October 6, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Paul Walinski
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Genevieve Janczak
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Paul Walinski 1908 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Cem Date: 10/15/38

19. UNDERTAKER (Address): Jahn & Albert 401 S. Charles St

20. FILED: Huntington Williams, M.D.
OCT 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1938 to October 13, 1938.
I last saw her alive on October 13, 1938 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial injury	10-7-38
Other contributory causes of importance: Lacerations Head Extensive	10-12-38

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) A. Louis Dipfel, M. D.
(Address) The Johns Hopkins Hospital

51121 HEALTH DEPARTMENT—CITY OF BALTIMORE 51121

CERTIFICATE OF DEATH V 53 c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. St. (Ward) 7-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Charles Thomas Fishpaugh (MARY Cathrine) If U. S. Veteran specify WAR

(a) Residence: No. 5524 York Rd City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles T. Fishpaugh

6. DATE OF BIRTH (month, day, year) April 8 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME William F. Fishpaugh

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Mary Wagner

16. BIRTHPLACE (city or town) (State or country) ~~Balto~~ Co. Md. Harford

17. INFORMANT Charles T. Fishpaugh (Address) 5524 York Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Oct. 18, 1938

19. UNDERTAKER John Burns' Sons (Address) Towson, Md.

20. FILED 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1938, to Oct 15, 1938

I last saw h.er alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 10 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, of pituitary origin	?
	over
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Worthington Jr. M. D.

(Address) Union Memorial Hosp.

51122 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 51122

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Local Hosp
CITY OF BALTIMORE: (No. Linden Ave & Eutaw St Ward)

Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR or Record

2. FULL NAME Charles Ziegler

(a) Residence: No. 3045 Pinewood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
M	W	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~Wife of~~ Annie Ziegler

6. DATE OF BIRTH (month, day, year) Sept 1st 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Co
10. Date deceased last worked at this occupation (month and year) 9/12 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

FATHER
13. NAME Jacob Ziegler
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Mary Danner
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Edw. W. Ziegler
(Address) 3045 Pinewood Ave

18. BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date Oct 15th 1938
Place York Pa

19. UNDERTAKER Wm Cook
(Address) 22 St Paul St

20. FILED Huntington Williams, Mgr.

OCT 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-13-1938 to 10-15-1938
I last saw him alive on 10-15-1938 Death is said to have occurred on the date stated above, at 8:08 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:
Ch Myocarditis - generalized arteriosclerosis - Nephritis

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. F. Kwiatkowski M. D.
(Address) Mercy Local Hosp.

F 51123

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51123

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hans W. Bobel

If U. S. Veteran specify WAR

(a) Residence: No. 5320 Plainfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bobel

6. DATE OF BIRTH (month, day, year) Dec 9 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pie Bakery

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Bobel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madlon - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Marie Strickfus

(Address) 5320 Plainfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 17 19 38

19. UNDERTAKER Philip Henry Sons

(Address) 2000 Eutaw St

20. FILED Oct 17 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler Coroner M. D.

(Address) Coroner

51124 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51124

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Lake Montebello Drive St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward L. Perry

If U. S. Veteran specify WAR

(a) Residence: No. 3415 Lake Montebello Dr. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Perry

6. DATE OF BIRTH (month, day, year) Aug 30 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME — Perry

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Edw. W. Perry
(Address) 5501 Plymouth Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date Oct 17 1938

19. UNDERTAKER Philips Sherwin Sons
(Address) 2016 Eutaw St.

20. FILED OCT 16 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Oct 14, 1938

I last saw h[im] alive on Sept. 26, 1938. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Gradual over many years

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. W. Brown, M. D.

(Address) 1938 Linden Ave Balto Md

51125 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 51125

CERTIFICATE OF DEATH 12673 (1295-B)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Conner

If U. S. Veteran specify WAR Col Record

(a) Residence: No. 1237 E. Gay St. (or) 1234 E. Gay St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/5/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broom

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Stock

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 18th 1938

19. UNDERTAKER Wm. Cook
(Address) 217 St. Paul St.

20. FILED Huntington Williams Registrar
OCT 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to October 15, 1938

I last saw him alive on October 15, 1938. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. De Sanctis, M. D.

(Address) Baltimore City Hospitals

F 51126

51126 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N. Rogers Ave St. Ward) Sept 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Catherine Johnson

(a) Residence: No. 2211 N. Rogers Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Johnson

6. DATE OF BIRTH (month, day, year) Nov 7-1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lloyd Brown

14. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rebecca Hanna

16. BIRTHPLACE (City or town) (State or country) Eastern Shore Md

17. INFORMANT Records Home for Aged of M.E. Church

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 17 K 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Huntington Williams, Mgr.

OCT 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Oct 15, 1938

I last saw her alive on Oct 13, 1938 Death is said to have occurred on the date stated above, at 10.35 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nyocarditis Chronic	

Other contributory causes of importance:

Bronchitis Acute

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo E. Shannon M. D.

(Address) 705 Fulton Ave

F 51127 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51127

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 358 Hickory St. A3-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E Taylor

If U. S. Veteran specify WAR No Record

(a) Residence: No. 358 Hickory Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Taylor

6. DATE OF BIRTH (month, day, year) May 1888

7. AGE Years: About 50. Months: Days: If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Co.

10. Date deceased last worked at this occupation (month and year) Oct 1935

11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Goldie M. Taylor

(Address) 123 Scott st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 17th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul st

20. FILED Oct 17 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Angemia Pectoralis — Date of onset 9/13/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar A Crum, M. D. Coroner

(Address) Coroner

V S 6

F 51128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46-E

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 Eutaw Place St. 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emil Rubenstein

If U. S. Veteran specify WAR

(a) Residence: No. 2425 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	wid

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Married

6. DATE OF BIRTH (month, day, year) Sept 18, 1863

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	—	26	1

OCCUPATION

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer 1945

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

MOTHER FATHER

13. NAME Alexander Rubenstein

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Frances —

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Maurice Feldman

(Address) 2425 Eutaw pl

18. BURIAL, CREMATION, OR REMOVAL. Place Chizuk Shalom Date Oct 16 1938

19. UNDERTAKER Sol Levinson Bros

(Address) 1124-26 N North ave

20. FILED OCT 16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Oct 14, 1938.

I last saw h[illegible] alive on Oct 14, 1938. Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	12 mos
Other contributory causes of importance: Metastasis to lungs	5 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St.

51129 51129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 E. Charles St. St., 11th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Irene Calhoun Iglehart

If U. S. Veteran specify WAR .....

(a) Residence: No. 914 E. Charles St. St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Ezra Iglehart

6. DATE OF BIRTH (month, day, year) Aug 18 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alex C. Hansen

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary L. Hall

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Mrs. Isabella Stedwick Iglehart

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 10/16 1938

19. UNDERTAKER Wm. H. Perkins Sons Co

(Address) 1700 Eutaw Pl.

Filed OCT 16 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from About 1931 to Oct 14 1938

I last saw her alive on Oct 14 1938 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor. Oil & Chronic	
Complete Heart Block	about 1931
Coronary Thrombosis	Oct 14
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Grant Slye M. D.

(Address) 39 E. Madison St.

Spec.—2-29-28—L. F. S.—500 Blks.

51130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51130

CERTIFICATE OF DEATH

✓ 46-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1004 Aisquith St ST. 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William R. Downey

(a) RESIDENCE NO. 1004 Aisquith Street ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Marion

6 DATE OF BIRTH (month, day, and year) [illegible] 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

10 NAME OF FATHER Thomas Downey

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Murrian

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

PARENTS

14 Informant Mrs. Royston (Address) 1004 Aisquith Street

15 Filed [illegible] 19 [illegible] Registrar

6 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14, 1938

17 I HEREBY CERTIFY, That I attended deceased from June 5 , 19 38 , to Oct 14 , 19 38 , that I last saw h alive on Oct 13 , 19 38 and that death occurred, on the date stated above, at 5 20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of April 6 1938

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) H. L. Arter, M. D.

19 (Address) 1 W. Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Grace M. P. Church Cemetery Rd	Oct 16 1938
20 UNDERTAKER A. S. Marshall	ADDRESS 553 W. Lexington St

51131 F 51131

51131 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Chesholm Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Mueller

(a) Residence: No. 2202 Chesholm St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Koenig

6. DATE OF BIRTH (month, day, year) Jan 24 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg painter 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Anna M Mueller

(Address) 2202 Chesholm Ave

18. BURIAL, CREMATION, OR REMOVAL Oct 17 1938

Place Oak Lawn Date 19

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

19 Registrar.

OCT 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct -14- 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1938 to Oct 14 1938.

I last saw h alive on Oct 14 1938. Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic, with	X
Hypertension	1934
Decompensation	Aug- 1938
with congestive heart failure	Oct 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley Cole M. D.

(Address) 2202 Harrison Blvd

F 51132

1132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1748 Hillen Evelyn St E 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Keeton

(a) Residence: No. 1748 Hillen Evelyn St E 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Keeton

6. DATE OF BIRTH (month, day, year) July 14th 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md

FATHER

13. NAME George Keeton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma Keeton

(Address) 1748 Hillen Evelyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 10-17-38

19. UNDERTAKER Gibson-Thomas Wright

(Address) 1701 Eden St

... 19 ... Registrar.

10.1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/7 .38 to 10/13 .38

I last saw him alive on 10/13 1938. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/7
Other contributory causes of importance	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirming diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James R. Blake M. D.

(Address) 924 Fayette St

51133 HEALTH DEPARTMENT—CITY OF BALTIMORE 51133

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2241 Rayner Ave St. 16-6 Ward)

Length of residence in city or town where death occurred 32 yrs. 5 mon. 1 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mark E. Wamsley

(a) Residence: No. 2241 Rayner Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ ~~last~~ WIFE of L. Burgee Wamsley

6. DATE OF BIRTH (month, day, year) May 12-1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME William E Tierney
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Maud Cates
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs William Tierney
(Address) 4732 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Oct 17 1938

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

Oct 6 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936 to October 13, 1938
I last saw h[illegible] alive on October 13, 1938 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Breast (Left)	Jan 1936
Other contributory causes of importance:	

Was an operation performed? yes Date of May 1936
For what disease or injury? Carcinoma of Breast
Name of operation Radical Amputation of Breast
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon Ashman M. D.
(Address) 120 Aigler Home St.

51134 HEALTH DEPARTMENT—CITY OF BALTIMORE 51134

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Chestnut Ave St. 13-6 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Robert F Lannon

(a) Residence: No. 3713 Chestnut Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clark L Lannon

7. DATE OF BIRTH (month, day, year)	May 12 1862			
7. AGE	Years 76	Months 5	Days 21	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry West Virginia

FATHER

13. NAME James Lannon

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Ann Barbo

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Clark L. Lannon

(Address) 3713 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 17 1938

19. UNDERTAKER Roger F. Durgin

(Address) 1631 Eutaw Place

20. FILED Huntington Williams, M.D.

OCT 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 19..., to Oct 14, 1938

I last saw him alive on Oct 14, 1938 Death is said to have occurred on the date stated above, at 9.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic myocardial disease	2 y
Other contributory causes of importance: Myocardial insufficiency	3 dy

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation — ...

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify ...

(Signed) W H Smith M. D.

(Address) 3429 Chestnut Ave

Chalmers

F 51135

1135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 McKean ave St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Chalmers

(a) Residence: No. 1519 McKean ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal

4. Color White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Effa Mae Chalmers

6. DATE OF BIRTH (month, day, year) May 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month, day, year) 10/13/38

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles J. Chalmers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura Simmons

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Effie Chalmers.

(Address) 1519 McKean ave Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 18 '38

19. UNDERTAKER Lee W Little

(Address) 2700 Edmondson Ave Baltimore Md.

20. FILED OCT 16 1938

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 6.30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C H Mayer M. D. Coroner

(Address) 1215 Hanover

51136

✓ F 51136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Mc Culloh St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm E. Blackwell

(a) Residence: No. 1923 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lelia Blackwell

6. DATE OF BIRTH (month, day, year) Nov 6, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45 46	—	11	8 —	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Frederick Blackwell

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: ? Cockwell

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Lelia Blackwell wife

(Address): 1923 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cemetery Date: Oct. 17, 1938

19. UNDERTAKER: George E. Kelly

(Address): 1303 Pennsylvania Ave Huntington Station, N.Y.

20. FILED: 10 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938 to Oct 14, 1938

I last saw him alive on Oct 13, 1938. Death is said to have occurred on the date stated above, at 6 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis (Uremia)	unknown
Other contributory causes of importance: Arteriosclerosis and Hypertension Pulmonary Oedema	unknown Oct 13, 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R F Young M. D.

(Address) 1429 E Pratt St

51137 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 51137

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 N. Calvert St., 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Lavinia Rose

If U. S. Veteran specify WAR None

(a) Residence: No. 2628 N. Calvert St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. John Rose

6. DATE OF BIRTH (month, day, year) Aug-18-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Jefferson Co. W. Va.

FATHER

13. NAME Henry H. Haines

14. BIRTHPLACE (city or town) (State or country) Jefferson Co. W. Va.

MOTHER

15. MAIDEN NAME Eveline Miller

16. BIRTHPLACE (city or town) (State or country) Berkley Co. W. Va.

17. INFORMANT Mrs. Jos. H. Pepper (niece)

(Address) 2628 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct-17- 38

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 186 W. NORTH AVENUE

20. FILED OCT 16 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Oct 15, 1938

I last saw h[illegible] alive on Oct 14, 1938. Death is said to have occurred on the date stated above, at 4.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 yrs
Other contributory causes of importance: Senile Changes of Old Age	2 mos

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation ...

What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature] M. D.

(Address) 105 Medical Arts

M. D. B. 1268-9

✓ F 51138

1138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3310 Harford Road St., 9-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Reinicker

(a) Residence: No. 3310 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick G. Reinicker

6. DATE OF BIRTH (month, day, year) Mar. 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter G. Erdman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Letetia Wadell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT H. E. Reinicker

(Address) 3803 Juniper Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Oct. 17 1938

19. UNDERTAKER Pittman & Gore

(Address) 2224 N. Charles St.

Oct 18 1938 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1936 to Oct 13th 1938

I last saw her alive on Oct 13 1938 Death is said to have occurred on the date stated above, at 11:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1936
Cardiac Hypertrophy	1937
Liver Hypertrophy.	"
Emphysema of Lungs.	1938
Other contributory causes of importance: Cardiac Failure.	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury No 19—

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Robert S. Kirk M. D.

(Address) 3126 Harford Road

51139 F 51139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3012 Grayson Street St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis E. Piquett

If U. S. Veteran specify WAR

(a) Residence: No. 404 Edgewood Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE of~~) Mary E. Tate

6. DATE OF BIRTH (month, day, year) Dec. 15, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John P. Piquett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louisa F. Lipp

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Chas. A. Piquett
(Address) 404 Edgewood Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 17, 1938

19. UNDERTAKER John O. Mitchell & Sons. Inc.
(Address) 1900 Eutaw Place.

6 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.

(Address) 1215 S. Hanover St

V S 6

51140

HEALTH DEPARTMENT—CITY OF BALTIMORE

51140

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. 1 mos. 7 dys. How long in U. S. if of foreign birth? ... yrs. ... mos. ... dys.

Registered No. ...

If U. S. Veteran specify WAR ...

2. FULL NAME Edward Franklin

Main Highway Glen Burnie Rd. No. Severn P.O., Md., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Franklin

6. DATE OF BIRTH (month, day, year) Nov 10 1861

7. AGE: Years 76; Months 11; Days 5; If LESS than 1 day, ... hrs. or ... min

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Franklin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Louise Danberg

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ella Franklin

(Address) Severn, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 18 1938

19. UNDERTAKER William M Marack

(Address) 713 Light St Huntington Williams, Md.

20. FILED 6 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1938 to Oct. 15 1938

I last saw him alive on Oct. 15 1938 Death is said to have occurred on the date stated above, at 5.22 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Cardio-Vascular Disease	?
Urinary Retention -	Sept 8 1938.
Bladder stones	
Other contributory causes of importance: Cholecystitis	

Was an operation performed? Yes Date of 10/1/38

For what disease or injury? Urinary Retention

Name of operation Cystotomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If ... (Signed) Edwin Muller M. D.

(Address) Mercy Hospital

51141

HEALTH DEPARTMENT—CITY OF BALTIMORE

51141

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Barclay St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth V. Dean

If U. S. Veteran specify W.A.R.

(a) Residence: No. 2420 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Dean

6. DATE OF BIRTH (month, day, year): June 21, 1858

7. AGE: Years: 77 80 | Months: 3 | Days: 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

MOTHER FATHER

13. NAME: William Payne

14. BIRTHPLACE (city or town) (State or country): Eastern Shore, Md.

15. MAIDEN NAME: Mollie Dukes

16. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

17. INFORMANT: Velma E. Taylor

(Address) 2420 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: 10/16/38

19. UNDERTAKER: Alfred W. Jenger

(Address) 440 [illegible]

20. FILED: 10/16 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/11/38 to 10/15/38

I last saw her alive on 10/13/38. Death is said to have occurred on the date stated above, at 12:25 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis — Date of onset:
Chronic Myocarditis
(Infirmity)

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyland Folley M. D.

(Address) 5103 Harford Rd

352-798

51142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51142

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 122-W

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Denton Harper Waschabaugh If U. S. Veteran specify WAR

(a) Residence: No. 14 N. Potomac St. Waynesboro, ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) May 11, 63

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0631

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Edgar Waschabaugh

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Susan Adams

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Pl. Greenhill Pa. Date 10/19 1938

19. UNDERTAKER Walter G. Grove (Address) Waynesboro Pa

20. FILED 10 19 1938 Arlington Hill ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1938 to Oct 16th 1938

I last saw him alive on Oct 16, 1938 Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	10/11/38

Other contributory causes of importance:

Strangulated hernia

Was an operation performed? Yes Date of 10/11/38

For what disease or injury? strangulated hernia

Name of operation relief of hernia

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

51143

HEALTH DEPARTMENT—CITY OF BALTIMORE

51143

CERTIFICATE OF DEATH

V 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth 38 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Helen Kasky or Kasianowicz

(a) Residence: No. 15 E. York St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leontey Kasianowicz

6b. DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 64	11 prob 5	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russian

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Mr. Trofem Mikalook

(Address) 621 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Russian Date Oct. 17 1938

Place

19. UNDERTAKER John G. Grabiowski Jr.

(Address) 1423 S. Paca Street

20. FILED OCT 17 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9-29-38 . 19 . to 10-14-38 . 19

I last saw h[illegible] alive on 10-14-38 . 19 . Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolus	10-14-38
Hypertensive C.V.D	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard Levine, M. D.

(Address) University Hospital Baltimore

F 51144

51144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X ✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Cleary

(a) Residence: No. St., Ward. Fan Yak

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warehouse

10. Date deceased last worked at this occupation (month and year) 1 1 62

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME //

14. BIRTHPLACE (city or town) (State or country) //

MOTHER

15. MAIDEN NAME /

16. BIRTHPLACE (city or town) (State or country) //

17. INFORMANT Family Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mass 10-16-38

Fla New Bedford Dec

19. UNDERTAKER The H. D. White Co. Inc

(Address) Baltimore Md.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) but that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: Ulcer Duodenum 11 20

	Date of onset
Ulcer Duodenum	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

17 1938

51145

F 51145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-297

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 St. Paul St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 8 mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma E. Wagner

If U. S. Veteran specify WAR

(a) Residence: No. 2913 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George L. Wagner

6. DATE OF BIRTH (month, day, year) Jan. 28, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Engel

14. BIRTHPLACE (city or town) (State or country) -------- Germany

MOTHER

15. MAIDEN NAME Marie Hacker

16. BIRTHPLACE (city or town) (State or country) -------- Germany

17. INFORMANT Mrs. Geo. L. Wagner Jr.

(Address) 2913 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 10/17 1938

19. UNDERTAKER Henry H. Mears and Son

(Address) 805 N. Calvert St.

20. FILED Thursday Oct. 17 1938 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936 to 10-14 1938

I last saw her alive on 10-14 1938. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL ARTERIOSCLEROSIS	1936?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Sonsay M. D.

(Address) 1129 St. Paul St.

OCT 17 1938

1146

F 51146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Clarkson St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman J. Blottenberger

(a) Residence: No. 1707 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Blottenberger

6. DATE OF BIRTH (month, day, year) July 16, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forman in Light gas manf. plant

9. Industry or business in which work was done, as mill, mine, saw mill, bank, etc. Light gas manf. plant of Con. G.&E. Co.

10. Date deceased last worked at this occupation (month, day, year) Oct. 14, 1938

11. Total time (years) spent in this occupation 26yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Blottenberger

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Hoover

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lillie M. Blottenberger (Wife)
(Address) 1707 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 18, 38

19. UNDERTAKER J. Howard Evans
(Address) 1400-02 S. Charles St.

OCT 17 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Howard Evans, M. D. Coroner

(Address) 1400-02 S. Charles St.

V S 6

51147

HEALTH DEPARTMENT—CITY OF BALTIMORE

51147

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 30 N. Pulaski St. 20-Z Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Schlein

(a) Residence: No. 30 N. Pulaski St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry P. Schlein

7. DATE OF BIRTH (month, day, year) Nov. 28, 1858

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Maesinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Maude M. Schlien
(Address) 30 N. Pulaski Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 17-38

19. UNDERTAKER P. G. Tibbett & Son
(Address) 1300 EUTAW PLACE. C.

20. FILED OCT 17 1938 By Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1938, to October 14, 1938.

I last saw her alive on October 14, 1938. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Myocarditis	?
2. Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon Ackman, M. D.

(Address) 1201 Poplar Grove St.

(Yvonne Kain)

148 F 51148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (If not in hospital, give Ward)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
U. S. Veteran (Specify WAR)

2. FULL NAME Yvonne Kain
(a) Residence: No. 948 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
6. DATE OF BIRTH (month, day, year): Oct 10-1938
7. AGE: Years | Months | Days: 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
13. NAME: Robert Kain (Husband)
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME: Clarine Pond
16. BIRTHPLACE (city or town) (State or country): Norfolk Va

17. INFORMANT (Address): Mrs Clarine Kaine 948 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Douglass Mem. Cem. Date: 10/19/38

19. UNDERTAKER (Address): Adolphus Halstead 918 Druid Hill Ave.

OCT 17 1938 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Premature
(1 month)

Date of onset: Oct 14 38

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) George S. Allen M. D.
(Address) 5 Calvert Bldg

M. D. P. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51149 CERTIFICATE OF DEATH ✓131 F 51149

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 W. Fairmont St. 2 Ward)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Brown Talbott

(a) Residence: No. 646 W. Fairmont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, ~~widowed, or divorced~~ HUSBAND of (a) WIFE of: Herman Talbott

7. DATE OF BIRTH (month, day, year): November 7, 1892

8. AGE: Years 46; Months 11; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year): 10-13-38

FATHER

13. NAME: Mathias Brown

14. BIRTHPLACE (city or town) (State or country): Prince George Co. Md.

MOTHER

15. MAIDEN NAME: Daisy Hall

16. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

17. INFORMANT: Mattie White

(Address) 843 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 17, 1938

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

Huntington Williams, Jr. Registrar

OCT 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14-38

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1938 to October 14, 1938

I last saw her alive on October 14, 1938 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal-Vascular Disease	8-26-38
Cerebral Hemorrhage	10-14-38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lemuel M. Carroll M. D.

(Address) 4000 N. Carrollton Ave

150 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51150

CERTIFICATE OF DEATH

CGK--B4-J-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Sydnor

If U. S. Veteran specify WAR

(a) Residence: No. 219 N. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie ~~Henry~~

7. DATE OF BIRTH (month, day, year) 5-16-~~1893~~ 1894

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~55~~	44 ~~55~~	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber / Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd J

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Green

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Walnut Grove, Va. Date Oct 18, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lanvale St

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12 1937 to October 14 1938

I last saw him alive on October 14, 1938. Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-4-38
Other contributory causes of importance: Arteriosclerosis	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Loc.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lantella, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51151

CERTIFICATE OF DEATH

131 F 51151

Registered No.

1. PLACE OF DEATH Bon Secours Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette St. St. Paul Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... d.

If U. S. Veteran specify WAR

2. FULL NAME Miss Sallie Wightson

(a) Residence: No. 600 N. Monroe St. Baltimore St., ... Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 8, 1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Sewing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Ridge, Md.
(State or country) St Mary's Co.

13. NAME John Breckenridge Wightson

14. BIRTHPLACE (city or town) St Mary's Co.
(State or country) Confusion Md.

15. MAIDEN NAME Jennie M. S. Wightson

16. BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Md

17. INFORMANT Mr Homer A Wightson
(Address) Maple Rd Linthicum Hts Md.

18. BURIAL, CREMATION, OR REMOVAL Meadowridge Mem Park Cem 10/17 1938
Place Date

19. UNDERTAKER Roland L Parker
(Address) 612 N. Monroe St

20. FILED Huntington Williams Mgr.
OCT 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938 to Oct. 14, 1938

I last saw h.c.y. alive on Oct. 14, 1938 Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:
Atrophic cystitis - Operation: Coffey's transpl. of ureters

Was an operation performed? yes Date of Oct 14, 1938

For what disease or injury? Hydro ureter + Hydro nephrosis

Name of operation Transplantation of ureters into rectum

What test confirmed diagnosis? Cystoscopy, Pyelograms Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edgar M. Brouillet, M. D.

(Address) Bon Secours Hospital

52 Chuch

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51152

CERTIFICATE OF DEATH

V 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Lemmon St. or 14? Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miriam Goldberg

(a) Residence: No. 1400 Lemmon St. or ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emanuel Goldberg

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Faibe Weintraub

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sarah Weintraub

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL 10/19/38
Date

19. UNDERTAKER Goldsmith Bros.
(Address) 1200 E. Baltimore St.

20. OCT 17 1938 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1920 to Oct 16, 1938.

I last saw her alive on Oct. 16, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuffic	5 mo
Pulmonary Edema	2 days
Angina Pectoris	10 year
Other contributory causes of importance:	
Arteriosclerosis	10 yrs
Hypertension	"

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Meredith H. Morrison M. D.

(Address) 1013 N. Charles St.

DKL

51153 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51153

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ola Finch

(a) Residence: No. 922 Tyson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Finch

7. DATE OF BIRTH (month, day, year) Aug. 12-1894

8. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	44	2	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

11. Date deceased last worked at this occupation (month and year) present | 12. Total time (years) spent in this occupation 15

13. BIRTHPLACE (city or town) (State or country) South Carolina

14. NAME George Finch

15. BIRTHPLACE (city or town) (State or country) South Carolina

16. MAIDEN NAME Alice Wilson

17. BIRTHPLACE (city or town) (State or country) South Carolina

18. INFORMANT Ola Finch
(Address) 922 Tyson St.

19. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date 10-17- 1938

20. UNDERTAKER Mrs. R. E. Elliott-Gaughter
(Address) 1229 N. Carolina St
Huntington Williams, M.D.
Registrar.

OCT 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1938 to Oct. 13, 1938

I last saw h[illegible] alive on Oct. 13, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of Disease
Septicemia	Sept. 21
Uremia	Sept. 21
Other contributory conditions: Diabetes Mellitus	2 yrs.
Hand Infection	8/22/38

Was an operation performed? Yes Date, 9/22/38

For what disease or injury? Diabetes Mellitus Left arm

Name of operation Amputation

What test confirmed diagnosis? B. U. N. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Infection due to burn.

(Signed) John F. Schaefer M. D.

(Address) Mercy Hospital

C K G

F 51154

51154 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR World

2. FULL NAME Norfleet Gray

(a) Residence: No. 819 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 21, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Jos. Gray

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Elizabeth Teller

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Lee Gray

(Address) 819 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Enfield NC Date Oct 17th, 1938

19. UNDERTAKER Joseph Gandy

(Address) 819 Aisquith St.

Huntington Williams, Reg. Registrar

20. FILED 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Broncho Pneumonia	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, Homicide? Date of injury Oct. 8, 1938, 19

Where did injury occur? Balto. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Passenger in Auto, collided with another Auto, North Point Rd. N. of Trappe Rd.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 2757 W. Lan

1155 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51155

CERTIFICATE OF DEATH √ 11-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 21-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 16 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John William Hartlove

(a) Residence: No. 923 Ramsay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/2/37

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. State deceased last worked at this occupation (or other) ... years

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John A. HarTLove

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Pearl Sander

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John A HarTLove
(Address) 923 Ramsey at

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] County Oct 17 1938

19. UNDERTAKER Engelke Inc
(Address) 1017 W Baron st.

20. FILED ... 19... Registrar.

Huntington Williams, M.D.

OCT 17 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1938, to Oct. 16, 1938.

I last saw him alive on Oct. 16, 1938. Death is said to have occurred on the date stated above, at 705 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza meningitis	Sept. 15 '38

Other contributory causes of importance:
Thrombophlebitis - Lft. Leg
Broncho-pneumonia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry Haase M. D.

(Address) University Hospital

1156 F 51156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 37705 (510)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Kaiser

If U. S. Veteran specify WAR .....

(a) Residence: No. 222 N. Green St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Kaiser

7. DATE OF BIRTH (month, day, year) 9/30/1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Oct. 19, 1938

19. UNDERTAKER Ambrose, Inc.

(Address) 1017 W. Lexington St.

20. FILED OCT 17 1938 H. Bryson Tidwell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1938 to 10-16, 1938

I last saw her alive on 10-15, 1938 Death is said to have occurred on the date stated above, at 1:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast	?
Bronchio Pneumonia	1 day
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Woodward Jr. M. D.

(Address) Balto City Hosp.

F 51157

51157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Appleton ST. 15-2 WARD)

2-FULL NAME Mrs Maria Graham

(a) RESIDENCE NO. 1807 Appleton St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced BUSBAND of (or) WIFE of: William J. Graham

6 DATE OF BIRTH (month, day, and year): March 22, 1869

7 AGE: Years 69 | Months 6 | Days 32 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Dublin Ireland

PARENTS

10 NAME OF FATHER: Patrick Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Boyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Interment (Address): Fatherne Funeral Home 1807 Appleton St.

15 Oct 17 1938, Washington Hollins and Mt

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 15 1938

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Oct 15, 1938, that I last saw her alive on Oct 14, 1938, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) George C Shannon, M. D.

, 19 (Address) 700 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct. 18, 1938

20 UNDERTAKER: Martin Tubby & Sons — ADDRESS: 1827 N. Monr

51158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 54158

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1577

CITY OF BALTIMORE: (No. Bay View St., 2-3 Ward)

(If death occurred in a hospital or institution, give, its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesus Giordani — U.S. Veteran (specify WAR)

(a) Residence: No. 806 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): S.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1898

7. AGE: Years 40 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Naturalized American
10. Date deceased last worked at this occupation (month and year): 1938
11. Total time (years) spent in this occupation: 1 year

12. BIRTHPLACE (city or town) (State or country): Peru

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Eastern District Police
(Address) U.S. Naturalization Papers

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date OCT 17 1938, 19
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address) P. H. Moore

20. FILED 1938
Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 Minutes
Other contributory causes of importance: Valvular Heart disease	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

gran #9. ✓ F 51159

1159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 11-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. If a veteran

2. FULL NAME ~~Frank Early~~ ALIAS-ERLY PIERCE -MARTIN GUDINAS

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 55	1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown,

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Unknown

(Address) Main Cor Penn

18. BURIAL, CREMATION, OR REMOVAL 4/24

PUBLIC CEMETERY OCT 17 1938 19

Place Baltimore Co. Commissioner of Health

19. UNDERTAKER Piedmont Bur. Co. H. E. Moore

(Address) Huntington Williams, Mgr.

17 1938

V 66

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above held an (Inquest, Autopsy or Inquiry)

Assisted by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 10:25 P.M.

	Date of onset
a Coronary Cut Off	
Fractured Skull	
Concussion of Brain	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/30, 19 38

Where did injury occur? Emmanuel Church (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by U.S. Express

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hagen, M. D.

Coroner

(Address) 218 Hanover St.

51160 Laur ✓ R 51160

HEALTH DEPARTMENT—CITY OF BALTIMORE

51160

CERTIFICATE OF DEATH

115-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Sheldon Ave St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Laur

(a) Residence: No. 4308 Sheldon Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Albert Laur

6. DATE OF BIRTH (month, day, year): Dec 11 - 1904

7. AGE: Years 34 (33) | Months 10 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto

13. NAME: Nancy Simpson

14. BIRTHPLACE (city or town) (State or country): Balto

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Albert Laur
(Address) 4308 Sheldon Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date Oct 18-38

19. UNDERTAKER: Jos J Otten & Son
(Address) 3001 Pentucky Ave

20. FILED ..... 19.... .....
Registrar.

Oct 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 - 1938 to Oct 15 1938

I last saw her alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ludwig's Angina - Aug 10	38
Agranulocytic Angina Aug 10	38
Bronchopneumonia Oct 7	38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm J Peterson, M. D.

(Address) 350 Fallsway

51161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51161

CERTIFICATE OF DEATH

1. PLACE OF DEATH 4023 Bateman. 15-9/13 Registered No.

CITY OF BALTIMORE: (No.) St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Margaret Martin

(a) Residence: No. 4023 Bateman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W.

5. Single, Married, Widowed, or ~~Divorced~~ (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Howard Thomas Martin

7. DATE OF BIRTH (month, day, year): Nov 15-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Stewartstown Pa.

13. NAME Daniel Leib

14. BIRTHPLACE (city or town) (State or country): Stewartstown Pa.

15. MAIDEN NAME: Margaret Sara Little

16. BIRTHPLACE (city or town) (State or country): Parkton Md.

17. INFORMANT: Dr. Howard T. Martin

(Address) 4023 Bateman Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Stewartstown Penna Date Oct 18 1938

19. UNDERTAKER: Geo. Pierpont & Sons

(Address) 2424 E. Monument St.

20. FILED: Huntington Williams, Registrar.

Oct. 1938

Corrected 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938 to Oct 16, 1938

I last saw her alive on Oct 16, 1938 Death is said to have occurred on the date stated above, at 12:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Pulmonary Oedema	
Chronic Interstitial Nephritis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) H. T. Martin M. D.

(Address) 1101 St Paul St.

Jump

1162 HEALTH DEPARTMENT—CITY OF BALTIMORE 1162

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 700 N North Ave St., (or) 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~yrs.~~ mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Mrs. Ella Jump~~ Mary Ella Jump.

(a) Residence: No. 700 N North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. ~~If married, widowed, divorced~~ (or) WIFE of Dr Clarence Jump

6. DATE OF BIRTH (month, day, year) Feb. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ? Whitaker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laughlin

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Dr. Clarence Jump (Address) 700 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 18 19 38

19. UNDERTAKER Wm. J. Tickner & Son (Address) North & Pa Ave.

20. FILED Oct 19 1938 Huntington Williams, Registrar.

1938 S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ~~an~~ Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

~~and~~ her (Inquest, Autopsy or Inquiry) find that said deceased came ~~to~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatroid Lue	years
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Arterial Sclerosis	Years

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.

Coroner

(Address) Arone

51163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-cF 51163

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Yale Ave St. 20-8 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelmina Schulting

If U. S. Veteran specify WAR

(a) Residence: No. 403 Yale Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. M. Schulting

7. DATE OF BIRTH (month, day, year) Mch 9 1870

AGE: Years 68 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Wm Siebold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Minnie Windrath

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. M. Schulting

(Address) 403 Yale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10/18/38

19. UNDERTAKER Joseph F. Tarbert

(Address) Baltimore, Md.

20. DATE RECEIVED OCT 17 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/10/38, 19... to 10/15, 1938

I last saw her alive on 10/15, 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance: Chronic myocarditis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Alden H Chamberlain M. D.

(Address) 4209-31 Edmondson Ave

35-796

HEALTH DEPARTMENT—CITY OF BALTIMORE

51164

CERTIFICATE OF DEATH

X 46-7 F 51164

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hermann Roberts

If U. S. Veteran specify WAR

(a) Residence: No. Portsgal Penna. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary Roberts

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 70; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Margaret Davis

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ebensburg, Pa. Date Oct. 19 1938

19. UNDERTAKER J. W. Rosser
(Address) Ebensburg, Pa.

20. FILED ... By ... Registrar.

Huntington Witness, Nov.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1938, to Oct 16, 1938

I last saw him alive on Oct 16th 1938 Death is said to have occurred on the date stated above, at 1 30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of recto sigmoid colon	July 1938
Resection of bowel with an end to end anastomosis ileo sigmoid	

Other contributory causes of importance:

Arteriosclerosis — arteriosclerotic heart disease —	

Was an operation performed? Yes Date of Oct 13-38

For what disease or injury? Carcinoma of recto sigmoid

Name of operation Resection of ca of recto sigmoid colon anastomosis ileo sigmoid —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James Howard Mason III M. D.

(Address) Johns Hopkins Hospital

1165 HEALTH DEPARTMENT--CITY OF BALTIMORE

F 51165

CERTIFICATE OF DEATH

Registered No. 93 C

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2005 Gough St. 2-1 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bessie Fabiszak

If U. S. Veteran specify WAR

(a) Residence: No. 2005 Gough St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND (or) WIFE of Andrew Fabiszak

DATE OF BIRTH (month, day, year) May 1885

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME of Father Dominik

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Andrew Fabiszak
(Address) 2005 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Oct 19 1938

19. UNDERTAKER Fred. D. Ozaduk
(Address) 1930 Eastern Ave

20. FILED Oct 17 1938 Huston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1938 to Oct. 16, 1938

I last saw her alive on October 16, 1938 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis (Hypertension)	
Hypocordities	
Ventricular Flutter	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Kuntowski, M. D.

(Address) 2529 Eastern Ave

7 1938

51166 F 51166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 W. Lexington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Westfall

(a) Residence: No. Forest Hill Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): July 26 1869

7. AGE: Years 69; Months 2; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

FATHER

13. NAME: Edward Westfall

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Myers

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry Tenly (Address) Baldwin Md

18. BURIAL, CREMATION, OR REMOVAL: Place Church Cem Forest Hill Md. 10/18/38

19. UNDERTAKER: Jesse M. Wehrly (Address) 401 N. Charles St

20. FILED 7 1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest or Inquiry) thereon and from the evidence obtained by said (Inquest or Inquiry) find that said deceased came to death on the day stated above.

Henry Tenly his

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 hrs
Other contributory causes of importance: Chronic Cardio Vascular Disease	2 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Medical History Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams M. D.

(Address) 2360 Eutaw Place Coroner

51167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51167

CERTIFICATE OF DEATH 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St., 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hiltrude Dobrzycka

If U. S. Veteran specify WAR

(a) Residence: No. 3118 East Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W.	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 20 38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Walter Dobrzycki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Helen Brzozowski

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Helen Dobrzycki

(Address) 3118 East ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Oct 19th 1938

19. UNDERTAKER George A. Weber

(Address) 705 E Lexington St

Oct 17 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry and from my own knowledge, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Volvulus)	Oct 16

Other contributory causes of importance

Was an operation performed? Yes Date of Oct 16 38

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy Date of Oct 16.

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Williams M. D.

Coroner

(Address) 822 W Baltimore St

51168

HEALTH DEPARTMENT—CITY OF BALTIMORE

#37867 SF

F 51168

CERTIFICATE OF DEATH

3-1 34-J-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth 65 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anthony Halick

(a) Residence: No. 1613 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1867 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71 ?				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Judge Halick

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Oct. 19th 1938

19. UNDERTAKER George A. Weber
(Address) 705 E. Oran St.

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1938, to October 16, 1938

I last saw him alive on October 16, 1938. Death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lautylle M. D.

(Address) Baltimore City Hospitals

Lexington Hillcrest, Nyc

1469 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51469

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd General Hospital (Ward) 1537

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Della Harper

If U. S. Veteran specify WAR .....

(a) Residence: No. 2114 Pennsylvania Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

3. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wesley Harper

DATE OF BIRTH (month, day, year) May 20 1856

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
52	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Mary's County Maryland

13. NAME Frank Curtis

14. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

15. MAIDEN NAME Maggie Jackson

16. BIRTHPLACE (city or town) (State or country) St. Mary's Ct Maryland

17. INFORMANT Margaret Harper (Daughter)

(Address) 2114 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 10-17 1938

19. UNDERTAKER George R. Nelson & Sons

(Address) 1303 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1938 to October 16, 1938

I last saw her alive on October 16, 1938. Death is said to have occurred on the date stated above, at 1.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/16/38
Arteriosclerosis Hypertension	7/1/38 1936
Other contributory causes of importance: Diabetes Mellitus	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert R. Lefevre M. D.

(Address) 522 N. Broadway

62810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51170

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 46-B

CITY OF BALTIMORE: (No. ..... St., 2-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Monte R. Harper

If U. S. Veteran specify WAR

(a) Residence: No. Hackett, Ark St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 9 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indian Territory

13. NAME John Harper

14. BIRTHPLACE (city or town) (State or country) Tenn

15. MAIDEN NAME Lucie McMurtie

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date Oct 19 1938

19. UNDERTAKER New Mitchell Home
(Address) 1 East Lanvale Place

20. FILED Oct 19 1938 Huntington Williams, Nyc Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1938, to Oct 16, 1938

I last saw him alive on Oct 16, 1938. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cardiac end of stomach	
causing obstruction of esophagus	Feb 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 14, 1938

For what disease or injury? Carcinoma, cardiac end of stomach.

Name of operation Resection cardiac of stomach—anastomosis of esophagus & stomach

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) C. R. Haulon, M. D.

(Address) Johns Hopkins Hospital

1171 F 51171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Kathland Avenue St. 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA E. CHAMBERS

If U.S. Veteran specify WAR

(a) Residence: No. 4012 Kathland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William P. Chambers

DATE OF BIRTH (month, day, year) Dec. 14th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newville Pa.

13. NAME Harry Fahnestock Drawbaugh

14. BIRTHPLACE (city or town) (State or country) Newville Pa.

15. MAIDEN NAME Eliza Ellen King

16. BIRTHPLACE (city or town) (State or country) Newville Pa.

17. INFORMANT C. Smith Chambers

(Address) 4403 Ethland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 18th 1938

19. UNDERTAKER [illegible]

(Address) [illegible]

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1938 to Oct 15 1938

I last saw her alive on Oct 15 1938 Death is said to have occurred on the date stated above, at 10.25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 10/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Evans M. D.

(Address) 612 West 40th Street

172 In Flynn - 400 E. Mt. a. ✓ F 51172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 E. 20th St. St., 12th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard J. Honeman

If U. S. Veteran specify WAR

(a) Residence: No. 339 E. 20th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie G. Honeman

DATE OF BIRTH (month, day, year) Feb 27, 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Herman J. Honeman

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Mary Ludwig

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Jessie G Honeman
(Address) 339 E 20th St

18. BURIAL, CREMATION, OR REMOVAL
Loraine Cem Date Oct 19, 1938

19. UNDERTAKER Chenowith & Son
(Address) 3615-17 Chestnut Ave

20. FILED Huntington Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 12th, 1938, to October 16, 1938.

I last saw h.. alive on October 16, 1938. Death is said to have occurred on the date stated above, at 4.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	October 12th, 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Philip D. Lyon, M. D.

(Address) 423 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

BR 51173

1173

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Catherine Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? 54 yrs. mos. da.

2. FULL NAME Mrs. John J. Kreml

If U. S. Veteran specify WAR

(a) Residence: No. 2938 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Amelia Kreml

DATE OF BIRTH (month, day, year) May 1, 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Kreml

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Frances Nemec

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Amalie Kreml
(Address) 2938 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 19 1938

19. UNDERTAKER Frank Grach & Son
(Address) 1906 Eastland Ave

20. FILED Huntington Williams, Nov 19 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1938, to October 14, 1938

I last saw him alive on October 14, 1938. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of the back	9/27/38
Diabetes Mellitus	

Other contributory causes of importance:

Staphylococcus aureus Septicemia

Acidosis & left lateral thrombosis vein

Was an operation performed? Yes Date of Sept. 25, 1938

For what disease or injury? Carbuncle of Back

Name of operation Excision of Carbuncle

What test confirmed diagnosis? Sections Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Sheppard, M. D.

(Address) St. Agnes Hospital

1938

1174 # 12693

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51174

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals 20-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Nagel

If U. S. Veteran specify WAR

(a) Residence: No. 113 S. Payson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 11/27/1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME William Nagel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anne Wetzler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Oct. 18, 1938

19. UNDERTAKER George E. Eghmat

(Address) 2101 Pennsylvania ave.

20. FILED Oct 19, 1938 Clayton Fahrney, Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/38

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to October 15, 1938

I last saw him alive on October 15, 1938 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-15-38
Other contributory causes of importance: Cerebral hemorrhage	1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

Famous

HEALTH DEPARTMENT—CITY OF BALTIMORE

51175 51175

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., 7-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Dr. Charles A. Famous
(a) Residence: No. Street, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Annie Famous

DATE OF BIRTH (month, day, year) March 6 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Andrew J Famous
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mary A Carr
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Courtlett Famous (Address) Bel Air, Md.
18. BURIAL, CREMATION, OR REMOVAL Place Dist Angeles Date 10-20 1938
19. UNDERTAKER Elwood Hill (Address) Towsontown
20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938 to Oct 17 1938
I last saw him alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 8 53 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10-15-38
Other contributory causes of importance: arteriosclerosis, generalized	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Douglas H Stone, M. D.
(Address) Union Memorial Hosp

8 1938

51176 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51176

CERTIFICATE OF DEATH ✓ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5216 St Charles (St.) (Ward) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth [illegible] East

(a) Residence: No. 5216 St Charles Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. East

DATE OF BIRTH (month, day, year) Feb 3 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lunenburg Co Virginia

13. NAME of Father James Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME of Mother Elizabeth Bell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fannie Chambers

(Address) 5216 St Charles Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 10/20 1938

19. UNDERTAKER Richmond & Jones

(Address) 21 W 25 St Huntington Williams Nurse

(Registrar.)

8 1938

Ft. mention 1706 Eutaw Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1938 to Oct 17 1938

I last saw her alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance: Hemoplegia	Over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph J Hurley M. D.

(Address) 2449 Reisterstown Rd

51177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51177

CERTIFICATE OF DEATH

GK-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Barbara Sauers

(a) Residence: No. 1403 Lowman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Sauers

DATE OF BIRTH (month, day, year) 10-21-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation 72

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME John Krell

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Sophie Krutz

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 20th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

OCT 18 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 15. 1938, to October 17. 1938

I last saw her alive on October 17. 1938. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10-10-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Stauffle M. D.

(Address) Baltimore City Hospitals

1178 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51178

CERTIFICATE OF DEATH

49-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 E. Madison St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Helen Schneider

(a) Residence: No. 1800 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 29th 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Fanny Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Ehoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Schneider

(Address) 1800 E. Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairwood Date Oct 15th 1938

19. UNDERTAKER Wm Cook

(Address) 127 St. Paul St

Filed By Huntington Williams, Asst. Registrar

OCT 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1937 to Oct. 15 1938

I last saw h[illegible] alive on Oct. 14, 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Malignant degeneration of an Ovarian Cyst (present in large proportion for years)? — Date of onset 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 11 '37

For what disease or injury? Ovarian Cyst.

Name of operation Removal of Ovarian Cyst

What test confirmed diagnosis? Clinical & Pathological

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. O. Patterson M. D.

(Address) 432 E. Patterson Pk

51179

F 51179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 23

1 PLACE OF DEATH

(a) CITY OF BALTIMORE (b) No 723 Highwood Drive ST. (c) WARD

2 FULL NAME Alfred Burton, MARSH, Sr.

(a) RESIDENCE NO. 723 Highwood Drive ST. WARD

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

No War Record

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of ~~wife of~~ Clara Audrie Gunther Marsh

6 DATE OF BIRTH (month, day, and year) Sept. 28th 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James Richard Marsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa.

12 MAIDEN NAME OF MOTHER Jessie Emelia Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wetzel County W. Va.

Informant Mrs Clara A. Marsh

(Address) 723 Highwood Drive. Arlington Delaware, Md

Filed OCT 18 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 16th 1938

17

I HEREBY CERTIFY, That I attended deceased from October 1935 to October 16th 1938

that I last saw him alive on October 15th 1938

and that death occurred, on the date stated above, at 1:50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1900 McDonough St, Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Resident of Hillsdale Endowed Sa

(Signed) A. S. Chalfant M. D.

Oct 17 1938 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 10/19 1938

20 UNDERTAKER Wm Cook — ADDRESS 1219 St. Paul St

51180 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51180

CERTIFICATE OF DEATH ✓ 93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 W. Fayette St. Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mariam P. Caswell

(a) Residence: No. 2141 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: (or) WIFE of John J. Caswell

DATE OF BIRTH (month, day, year) Jan 31-1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	8	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 30 | 11. Total time (years) spent in this occupation 30

8. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John King

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Gleason

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John J. Caswell (Address) 2141 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 10/19/38

19. UNDERTAKER Williams Cook (Address) 219 St Paul St.

20. FILED ..... 19 ..... Registrar.

OCT 20 1938

OCT 18 1938

MEDICAL CERTIFICATE OF DEATH 9:30 AM

21. DATE OF DEATH (month, day, year) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1938 to Oct 17 1938.

I last saw her alive on Oct 16 1938. Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	1 hr.
Other contributory causes of importance: Chronic myocarditis & hypertension	3 yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation No.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Galaway M. D.

(Address) 1 E. Fullon Ave.

51181 F 51181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 11-1 Ward)

If U. S. Veteran specify WAR No Record

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Harry J. Wolford

(a) Residence: No. 1117 Guilford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) Sept 4-1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tax Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept of Inter Rev

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Brownsville Ky

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) St Joseph Hosp Caroline & Oliver Sts

18. BURIAL, CREMATION, OR REMOVAL Date Oct 18 1935

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED OCT 18 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1935 to October 13, 1935

I last saw him alive on October 13, 1935. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with Metastasis to Liver & Lung	
Other contributory causes of importance: Syphilis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Turnpt M. D.

(Address) St. Josephs Hosp.

51182 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 51182

CERTIFICATE OF DEATH V 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 W. Madison St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Margaret E. Wade

(a) Residence: No. 300 W. Madison St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank P. Wade

6. DATE OF BIRTH (month, day, year): July 12, 1861

7. AGE: Years 57 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Michael K. Kelly

14. BIRTHPLACE (city or town) (State or country): Balt Md

15. MAIDEN NAME: Amelia Miller

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mary E. Jordan

(Address) 310 W. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Oct 18 1938

19. UNDERTAKER: Wm Cook

(Address) 217 St Paul St

Oct 18 1938 H. L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 15, 1938

Where did injury occur? 300 W. Madison St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: in home

Manner of injury: Illuminating Gas from Kitchen range

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1215 Hanover St

1183 F 54183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-8

Registered No. #37179 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...da. How long in U. S. If of foreign birth? ...yrs...mos...da.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Farber

(a) Residence: No. 511 Aisquith St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Louise Farber

DATE OF BIRTH (month, day, year) 1/27/1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
54	54	8	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Jr. Farber

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ella Perrien

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Da Ledral Date Oct 9th 1938

19. UNDERTAKER Wm Pfeltz

(Address) 327 E Pratt St

20. FILED ... 19... Registrar.

10 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-19, 1938, to 10-16, 1938

I last saw him alive on 10-16, 1938 Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic gangrene rt. Foot	?
Coronary occlusion	10-15

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-8-38

For what disease or injury?

Name of operation Amputation Rt. Leg

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify

(Signed) L. K. Woodward Jr., M. D.

(Address) Balto. City Hosp

51184 F 51184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: E. Baltimore Gen. Hospital St. 2nd Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 3 yr. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Anna Stankiewicz

(a) Residence: No. 1408 Decatur St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If married, widowed, or ~~divorced~~
~~HUSBAND OF~~ (or) WIFE of Joseph Stankiewicz

DATE OF BIRTH (month, day, year) Dec 23rd 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME of Father Bytzela

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Helen Hughes
(Address) 1405 Decatur St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross - Brooklyn Date Oct 20th 1938

19. UNDERTAKER J. M. Cook
(Address) 127 S. Paul St

20. FILED ..... 19.... Registrar

OCT 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1938, to October 16, 1938
I last saw her alive on October 16, 1938. Death is said to have occurred on the date stated above, at 5 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix & uterus	
Other contributory causes of importance:	

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Louis J. Krolk, M. D.
(Address) South Balto. Gen. Hosp.

H. D. B. 1268-9

F 51185

51185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 W North Ave St., 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W Scott.

(a) Residence: No. 1826 W North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
M	W	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida T Scott.

DATE OF BIRTH (month, day, year) Jan 25-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	22	

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Joseph Scott

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Narcilla Pittard

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs Ida T Scott

(Address) 1826 W North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 20 E 38

19. UNDERTAKER Fortune & Sons

(Address) 1222 E Baltimore St

Filed Oct 18 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th 38

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1937 to Oct 17th 1938

I last saw him alive on Oct. 17 1938 Death is said to have occurred on the date stated above, at 3:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ch. Valvular Heart Disease	1932
Ch. Interstitial Nephritis	1932

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave

Schwartz

51186 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51186

CERTIFICATE OF DEATH ✓ 124-B

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 10 St. — Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine O'Schwartz (Schwartz) If U. S. Veteran specify WAR

(a) Residence: No. 1046 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of The late Edward J. Schwartz

DATE OF BIRTH (month, day, year) Sept. 10, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Kilcoyne

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Harry Schwartz (Son)

(Address) 1046 Valley St.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Date Oct 20, 1938

19. UNDERTAKER Edmund W. Conklin & Son

(Address) 1424 Eager St.

20. FILED 19 Witness Huntington Fallows, Registrar.

OCT 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Oct 17, 1938.

Last saw h alive on Oct 17, 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	
Hepatic insufficiency	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 51187

51187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Greenmount Ave St., 12 Ward)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 2 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

If U. S. Veteran specify WAR

2. FULL NAME John P. Smith

(a) Residence: No. 1120 Greenmount Ave St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edelmira M. Smith

DATE OF BIRTH (month, day, year) Sept. 16 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Business

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John P. Smith

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann McAuliffe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Gillion Smith (Son)
(Address) 1120 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem Date Oct 21 1938

19. UNDERTAKER Edmund W. Gillin & Son
(Address) 724 Eutaw St
Huntington Hillcrest, N.Y.

20. FILED 8 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1938 to Oct. 18 1938

I last saw him alive on Oct 17 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? /

Name of operation / Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Walter H. White Jr M. D.

(Address) 2800 St Paul St

188

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51188

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1612 Hazel St 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Szafranek

If U. S. Veteran specify WAR

(a) Residence: No. 1612 Hazel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Married

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Antoni Szafranek

DATE OF BIRTH (month, day, year) About 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	—	—	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Domesyn

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Antoni Szafranek
(Address) 1612 Hazel St

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross AA Co. Date Oct 20 1938

UNDERTAKER Wm. L. Fialkowski
(Address) 200 Eastern Ave

FILED OCT 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-10 1938 to 10-17 1938

I last saw h~~e~~r alive on 10-17 1938 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10-36.
Hypertension	10-36
Pulmonary edema	10-10-38

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? ✓

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lewis B Whiting M. D.

(Address) 4701 Pennington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 51189

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Edward Little
(a) Residence: No. 832 Tyson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1898

8. AGE Years 40 | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address) Provident Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cem Date 10-17, 19

19. UNDERTAKER Williams & Jackson
(Address) 216 Pennsylvania Ave

OCT 18 1938 Huntington Williams & Jackson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains above described on the ___ day of ___, 19___, and that I last saw deceased alive on ___, 19___, and that I have ___ seen the body after death on the day stated above. The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	Oct 13 1938

Other contributory causes of importance:

Was an operation performed? ___ Date of ___
For what disease or injury?
Name of operation ___ Date of ___
What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(Signed) George L. Allen M. D.
Coroner
(Address) 20 Penn Ave

Dare

F 51190

190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 N Monroe St. 15-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Dare Earl

(a) Residence: No. 1908 N Monroe St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carl F Earl

6. DATE OF BIRTH (month, day, year) Dec 24, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

13. NAME Mary Dare

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Mrs. Virginia Ellis
(Address) 1908 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 15 1938

19. UNDERTAKER Thos J Richardson & Sons
(Address) Balto Md.

Oct 18 1938 Wilbur N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Oct 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described therein and from the evidence [illegible] (Inquest, Autopsy or Inquiry) [illegible] (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 9 years

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1215 Hanover St.

191

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51191

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH Edgewood Sanato

CITY OF BALTIMORE. (No. 6000 Belair Rd St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Mabel M Stuart

(a) Residence: No. 3216 Auchentoroly Ter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of E Thomas Stuart

DATE OF BIRTH (month, day, year) April 3, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Edward Mercerou

13. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Stork

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Mrs E Thomas Stuart Boston Mass

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 18 38

UNDERTAKER (Address) William J Tyckner & Sons Bond & Fenno Sts Huntington Williams, N.Y.

838

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-21-36, 19 to 10-4-38, 19

I last saw her alive on 10-4-38, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Uremia	
Other contributory causes of importance:	
Chr. Nephritis	

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eagle Stuart M. D.

(Address) Sykesville Md

1192

F 51192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 517 N. Bradle St. 17-1 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Dickerson

(a) Residence: No. 517 N. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Jan 1, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	16 Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Aged Home
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Cemetery Date Oct. 19 1938

19. UNDERTAKER Mrs. Francis A. Kemp
(Address) 595 N. Biddle St.

OCT 18 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1938 to Oct. 17 1938

I last saw her alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	2 years

Other contributory causes of importance:

Aortic insufficiency	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Pattison M. D.

(Address) 517 N. Bradle St.

193 F 51193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Woodington Rd. St. 16-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Radcliffe

(a) Residence: No. 708 Woodington Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND (or) WIFE of Late George W. Radcliffe

DATE OF BIRTH (month, day, year) Jan. 1, 1867.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Christian P. Rapponnier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothy Lepson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edwin F. Radcliffe

(Address) 708 Woodington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Elliott City Date 10/22/38

19. UNDERTAKER Harry A. Little

(Address) Huntingtown Williams, Nyt

20. FILED Register.

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from the year 38 to Oct. 16, 1938

I last saw her alive on Oct. 16, 1938 Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/10/38
Cerebral Hemorrhage	10/16/38
Other contributory causes of importance:	
Hypertension	1932

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. E. Wells M. D.

(Address) 4100 Edmondson.

F 51194

51194 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 37445 (38) 34-A-119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Melwicz

(a) Residence: No. 1705 Alice Ann St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/4/38

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	1	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Paul Melwicz

13. BIRTHPLACE (city or town) (State or country) Cal.

15. MAIDEN NAME Helen

16. BIRTHPLACE (city or town) (State or country) Fla.

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Cremated

Place B.C.H. Date 10-15-, 1938

UNDERTAKER
(Address)

FILED 10-15-, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1938 to 10-15-, 1938

I last saw her alive on 10-15-, 1938 Death is said to have occurred on the date stated above, at 7:05 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Congenital Syphilis	9/4/38
Prematurity	9/4/38
Other contributory causes of importance:	
Acute enterocolitis	9/23/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clin Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph M. Cordi M. D.
(Address) Balto. City Hosp.

12

51195 V F 51195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 513 N Carlton St St. 18-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles F. Waters

(a) Residence: No. 513 N Carlton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Waters

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME of Charles Ernest Waters

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of Ida Hailstock

16. BIRTHPLACE (city or town) (State or country) Elkridge Md

INFORMANT Elmer Johnson (Cousin)
(Address) 401 S. Schroeder St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 18, 1938

UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St

FILED OCT 18 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Oct 14, 1938, 19...

I last saw him alive on Oct 14, 1938. Death is said to have occurred on the date stated above at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchyma Nephritis.	1 wk.

Other contributory causes of importance:

none

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation none. Date of —

What (test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. Shaw Anthony, M. D.

(Address) 887 W. Lombard St.

52966
F 51196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51196

121

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Preston Cox

(a) Residence: No. 932 Harlem ave St, ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-25-30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Cox

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Eliz Thorpe

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Oct. 18 38

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 E Lanvale St

20. FILED 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Oct 16, 1938.

I last saw him alive on Oct 16, 1938. Death is said to have occurred on the date stated above, at 145 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
APPENDICITIS	10/8/38
GENERALIZED PERITONITIS	10/8/38

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 12-38

For what disease or injury? appendicitis

Name of operation appendectomy and drainage

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward S. Stafford, M. D.

(Address) Johns Hopkins Hospital

D. P. 12684

197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51197

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Franklin Square Hospital 46-C

CITY OF BALTIMORE: (No. St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Dietrich (MARY. A. DIETERICH)

(a) Residence: No. 4661 Park Hgts Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. Dietrich

DATE OF BIRTH (month, day, year) Feb 28 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Leonard. Spiegel

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William J Dietrich

(Address) 4661 Park Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL

Western Cem Date 10-19 1938

19. UNDERTAKER Mrs Chas A. J. Rohde

(Address) 2327 Edmondson ave

20. PLACE Huntington Williams, Nyc.

OCT 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/10/38 to 10-16- 1938

I last saw h alive on 10-16- 1938 Death is said to have occurred on the date stated above, at 11:45Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. of ascending Colon with metastasis to pancreas and liver.	

Other contributory causes of importance:

Secondary anemia.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Kindman M. D.

(Address) Franklin Sq Hosp.

38 HEALTH DEPARTMENT—CITY OF BALTIMORE 51198

94-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Scott St. 21-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Digney

(a) Residence: No. 1117 Scott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6. If married, widowed, or divorced HUSBAND of (or) WIFE of IRENE C. DIGNEY

DATE OF BIRTH (month, day, year) DEC 6th 187

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SUPT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COPPER + BRASS-WORKS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

13. NAME JOHN THOS DIGNAN.

14. BIRTHPLACE (city or town) (State or country) IRELAND

15. MAIDEN NAME JULIA LANE

15. BIRTHPLACE (city or town) (State or country) IRELAND

INFORMANT IRENE C DIGNEY

(Address) 1117 SCOTT ST.

BURIAL, CREMATION, OR REMOVAL

Place CATHEDRAL Date 10-20 1938

UNDERTAKER Bernard C. Hale

(Address) 121 E. West St

FILED 1938 Registrar.

Huntington Hillcrest, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11/38, 19..., to Oct. 17/38., 19...

I last saw him alive on Oct. 16/38., 19... Death is said to have occurred on the date stated above, at 4.44 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis.	Unknown.
Angina Pectoris.	Oct. 11/38.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Hauch Schmidt M. D.

(Address) 932 Hanover St.

1199 HEALTH DEPARTMENT—CITY OF BALTIMORE 51199

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Annapolis Road West (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Bauerlein

(a) Residence: No. 2205 Annapolis Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Bauerlein

DATE OF BIRTH (month, day, year) April 21st 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Cramer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eliza Metzdorff

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Rachael Kotman (Sister)
(Address) 511 Scott St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A A C. Date 10-21st 38

19. UNDERTAKER Bernard E. Hale
(Address) 12 E 22nd St

20. FILED 10-18-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1938 to October 17 1938

I last saw her alive on October 16 1938 Death is said to have occurred on the date stated above, at 1 Balto

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic Nephritis	not known
Cardiac Hypertension auricular Fibrillation	
Other contributory causes of importance: acute Cardiac Dilatation	Oct 17 1938

Was an operation performed? no Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Was there an autopsy? no

Physical Examination

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Edward Norris M. D.

(Address) 107 East west street

FILED 10-18-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

1200 F 51200

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eunice June Via

(a) Residence: No. 125 Ventnor Ter Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, year) July 7, 1923

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Girl

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Mattie Via

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lillie Bing

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdawn Date Oct 19 1938

19. UNDERTAKER Mr. Mrs. John M. Teufel & Son
(Address) 501 W. Fayette St

20. FILED ... Registrar.

1938 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/38. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1938, to Oct 17, 1938

I last saw h.e.r alive on Oct 17, 1938 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever, with Multiple Intestinal Hemorrhages. (10/11/38)	9/23/38
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lawrence Beatty M. D.

(Address) Johns Hopkins Hospital

F 51201

51201 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1159 oc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1872
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 12-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Mitchell Baby Boy

(a) Residence: No. 210 E. Federal St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 4-1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Howard Mitchell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nellie Adkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Nellie Mitchell
(Address) 210 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Doyle park Date Oct 6 1938

19. UNDERTAKER Adolphus Halsted
(Address) 918 Druid Hill Ave

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	3 Months
Atelectasis	

Other contributory causes of importance:
Born on arrival at hospital

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

202 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51202

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 814 W. Monument St. 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Jordan
If U. S. Veteran specify WAR

(a) Residence: No. 814 W. Monument St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 1922

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
16			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.
13. NAME Levy Funt
14. BIRTHPLACE (city or town) (State or country) N. C.
15. MAIDEN NAME Bessie Wright
16. BIRTHPLACE (city or town) (State or country) N. C.
INFORMANT Bessie Wright
(Address) 814 Monument St.
BURIAL, CREMATION, OR REMOVAL
Place Dayton Ky. Date Oct 19 1938
UNDERTAKER Randolph Halstead
(Address) 1718 Eutaw Pl.
FILED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Oct 17 1938
I last saw her alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis about a year — Date of onset

Other contributory causes of importance: None

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Hilda Pellecuer M. D.
(Address) 817 Hamilton Ter

203 F 51203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 7600 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Saml. Jacobs.

(a) Residence: No. 701 E. 150 St. New York City St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) June 0-1936

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2 3	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. #63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

13. NAME Samuel Jacobs.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dinah Jacobs

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Thomas E. Bolger (Address) 318 N. 19th St. Phila. Pa.

18. BURIAL, CREMATION OR REMOVAL Order Shalan Date 10-19 1938

19. UNDERTAKER Jack Luns Inc. (Address) 1439 E. Balto St.

20. 1938 Huntington Williams, Nyt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained for said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	Oct. 10 1938
Shock	
Traumatic Amputation	
right leg lower 3rd tibia	
Compound fracture Radius	
(Other contributory causes of importance: left arm	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 10, 1938

Where did injury occur? Penna R.R. over Erie Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on freight train

Manner of injury Crushed between train & bridge

Nature of injury Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Wood M. D. Coroner

(Address) 1712 N. Broadway

204 F 51204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran (specify WAR)

2. FULL NAME Charles Miller

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	?

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 (approximately)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME — —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Date 10/20/38

Place Date 19

19. UNDERTAKER (Address)

FILED 8 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the 11 day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Acute Cardiac Dilatation	2 hrs.

Other contributory causes of importance:

Chr. Cardio Vas. Disease (Alcoholic) ?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

? If so, specify

(Signed) Michael A. Abramson, M. D.

Coroner

(Address) 360 Eutaw Place

Commissioner of Health

Asst. Deputy Commissioner of Health

Huntington Williams, M.D.

UNIVERSITY MEDICAL SCHOOL OCT 19 1938

51205 HEALTH DEPARTMENT—CITY OF BALTIMORE

51205

CERTIFICATE OF DEATH

12-4

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Willie Williams (colored)

If U. S. Veteran specify WAR

(a) Residence: No. 439 E. 23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Fannie McClarke ?

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL Date OCT 19 1938

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED Oct 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1938 to October 14, 1938.

I last saw him alive on October 14, 1938. Death is said to have occurred on the date stated above, at 3 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Dec 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. McCurtis M. D.

(Address) Balto. City Hospitals

1938 8 1370 H

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51206

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 68

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Donald Richard White

(a) Residence: No. Fort Lauderdale, Fla. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, year) 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Florida

13. NAME Frank White Jr

14. BIRTHPLACE (city or town) (State or country) Kansas

15. MAIDEN NAME Evelyn Wiedhank

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL. Place Fort Lauderdale Fla. Date Oct 18 38

UNDERTAKER (Address) John J. Mitchell & Sons 1700 Eastern Ave. Huntington Williams, W. Va.

FILED 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1938, to Oct 17, 1938

I last saw him alive on Oct 17, 1938. Death is said to have occurred on the date stated above, at 1:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia,	Oct
Acute tracheobronchitis	
Acute	

Other contributory causes of importance:

	none

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. C. Stiffler Jr., M. D.

(Address) Johns Hopkins Hosp.

will let know later

51207 V F 51207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — American Sweater Co., Registered No.

CITY OF BALTIMORE: (No.) Cold Spring & Penna R.R. (St.) (Ward) 24 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Pennington — If U. S. Veteran (specify WAR)

(a) Residence: No. Patty Hill & Baker Ave. St., Fullerton Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Flora Elliott

DATE OF BIRTH (month, day, year) [illegible] 20 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Carroll Pennington

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jane Phillips

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Flora Pennington

(Address) Patty Hill & Baker Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Oct 21 38

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED Huntington Williams, Registrar

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 18 38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elgin A Evans, M. D.

(Address) Coroner

1208 ✓ F 51208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 2-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Antan Maczuk

(a) Residence: No. 1731 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Parashravia

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Northeastern Police Station
(Address) Balto, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Cem. Balto Date Oct 19 1938

19. UNDERTAKER J. J. Brudzinski
(Address) 2110 Eliza St

20. FILED Oct 19 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) Coron

1209 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31209

CERTIFICATE OF DEATH

160-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 W. Crose St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ronald Sommers

(a) Residence: No. 1116 W Crose St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 17, 1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) 1116 W. Crose St. Baltimore, Md.

13. NAME Robert Sommers.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Marie Clark

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Thomas M. Sulakian

(Address) University Hospital

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 10/19/38

UNDERTAKER John J. Coward Son,

(Address) 9[illegible] Hollins St.

[illegible] Registrar.

FILED 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1938, to 10/18, 1938

I last saw h[illegible] alive on 10/18/, 1938. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	10/17/38

Other contributory causes of importance:

prematurity

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation .....

What test confirmed diagnosis? C C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D M Dixon M. D.

(Address) University Hospital

1210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51210

CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Ramsey St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 16 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary E. Conroy.

If U. S. Veteran specify WAR

(a) Residence: No. 921 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Conroy.

DATE OF BIRTH (month, day, year) May 1 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Mr Thomas Conroy

(Address) 921 Ramsey St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/19/ 1938

UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

10/19 1938 [illegible] Funeral.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/ 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Oct 17, 1938

I last saw her alive on Oct 17. 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach,	1 yr.

Other contributory causes of importance:

None.

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation none.

What test confirmed diagnosis? Ryan Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. Norton, M. D.

(Address) 888 W. Lombard St.

51211 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51211

CERTIFICATE OF DEATH ✓ 46-C

Registered No. 27-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 McCabe Ave St. 27 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

FULL NAME Josephine Wardick Siemon

(a) Residence: No. 608 McCabe Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~ widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Henry Siemon

6. DATE OF BIRTH (month, day, year) May 1st 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) ×
11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME OF FATHER George Clayton

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME OF MOTHER Mita Dorsey

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Linton B. Siemon

(Address) 533 Willow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 20th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15- 1938, to 10-17 1938

I last saw her alive on 10-17- 1938 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of junction of rectum & sigmoid	5-14-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Manual + Xray

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dulbon C. Lang M. D.

(Address) 2117 Belair Rd

51212 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51212

93-C

CERTIFICATE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Washington Blvd (Ward) 23

(If outside city limits, give name of city or town and State)

How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR or Records

FULL NAME Carrie L. Williams

(a) Residence: No. 2216 Sidney Ave. Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced: ~~HUSBAND~~ (or) WIFE of Richard Williams

6. DATE OF BIRTH (month, day, year) June 24-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

9. Date deceased last worked at this occupation (month and year) X

10. Total time (years) spent in this occupation X

11. BIRTHPLACE (city or town) Winchester Va

(State or country)

12. NAME Addison Fletcher

13. BIRTHPLACE (city or town) Unknown

(State or country)

14. MAIDEN NAME Martha Williams

15. BIRTHPLACE (city or town) W. Va

(State or country)

16. INFORMANT Richard Williams

(Address) 2216 Sidney Ave.

17. BURIAL, CREMATION, OR REMOVAL Date 10/21 1938

Place St Marys Cemetery

18. UNDERTAKER Williams & Cook

(Address) 917 St Paul St

19. FILED 1938

(Registrar)

MEDICAL CERTIFICATE OF DEATH 6 45 AM

21. DATE OF DEATH (month, day, year) Oct. 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938 to Oct 18 1938

I saw h[illegible] alive on Oct 18 1938. Death is said to have occurred on the date stated above, at 6 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial [redacted] Failure	
Other contributory causes of importance: Arterio sclerosis Coronary Artery Disease	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation Autopsy

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Louis J. Clark M. D.

(Address) 826 Winchester Ave.

51213 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51213

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry M. Hoke

U.S. Veteran (Yes or No) specify WAR No Record

(a) Residence: No. 2422 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Wh. | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Etta C Hoke

DATE OF BIRTH (month, day, year) June 4 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager (Secty)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Several Cos

10. Date deceased last worked at this occupation (month and year) Oct. 38

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Michael Hoke

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Etta C Hoke

(Address) 2422 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 20 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. PLACE OF DISPOSITION Oct 19 1938 Huntington Williams, Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon, and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10 da.

Other contributory causes of importance: Coronary Sclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Kaufman M. D.

Attending

(Address) 1822 W Baltimore St

6

F 51214

1214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 W. Hamburg St) (Ward) 21

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Nellie Frances Reese

(a) Residence: No. 508 W. Hamburg St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of: John Reese

DATE OF BIRTH (month, day, year): June 2 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

BIRTHPLACE (city or town) (State or country): Gloucester Co Va

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): U

15. MAIDEN NAME: U

16. BIRTHPLACE (city or town) (State or country): U

INFORMANT: Mrs John Reese

(Address): 508 W. Hamburg St

BURIAL, CREMATION, OR REMOVAL

Place: Mt Direct Date: 10/21 1938

UNDERTAKER: William Cook

(Address): 1217 St Paul St

DATE RECEIVED: 9-1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH 9:45 AM.

21. DATE OF DEATH (month, day, year): Oct 18 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27 1938 to Oct 18 1938

I last saw her alive on Oct 17 1938. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	?

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Milan M. D.

(Address) 687 Washington Blvd

51215 E 51215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 37183 (38) 37

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-3 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Henry Kellum

(a) Residence: No. 1810 Brunt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Tighe

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Rachael ?

16. BIRTHPLACE (city or town) Va.
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION OR REMOVAL

Place Boston Cem. Date Oct 20 1938

UNDERTAKER Allen Funeral Home
(Address) Petersburg Va.

Filed 9 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-19-1938 to 10-18-1938

I last saw him alive on 10-17-1938 Death is said to have occurred on the date stated above, at 12 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Bronchial Pneumonia	1 day
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-6-38

For what disease or injury?

Name of operation Transurethral resection prostate

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. K. Woodward M. D.

(Address) Balto. City Hosp.

D. P. 1268-0

F 51216

51216 HEALTH DEPARTMENT—CITY OF BALTIMORE

47-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Eye, Ear, & Throat Hosp

CITY OF BALTIMORE: (No. 1214 Eutaw Pl. St., 3 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Benjamin Satisky

(a) Residence: No. 1000 E. Lombard St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	W	Married

If married, widowed, or divorced WIFE of Rosa Satisky

DATE OF BIRTH (month, day, year) Dec 7 1877 Russia

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Samuel Nathan Satisky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Goffe "Satisky"

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Rosa Satisky

(Address) 1000 E Lombard St

18. BURIAL, CREMATION OR REMOVAL Shomer Brothers Date Oct. 19 1938

19. UNDERTAKER Wolf Frazon & Bros

(Address) 124-26 W. North ave Baltimore, Md.

20. FILED Oct 19 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Oct 10 1938

I last saw him alive on 10-18 1938 Death is said to have occurred on the date stated above, at 10 24 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx & generalized metastasis -	

Other contributory causes of importance:

Name of operation Tracheotomy Date of 9-2-37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Edwards Jr M. D.

(Address) Balto Eye, Ear & Throat Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

94 F 51217

51217

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Union Memorial Hosp.

CITY OF BALTIMORE: (No. 33rd & Calvert St. 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mrs. Frederick D. Lewis

(a) Residence: No. 610 Somerset Rd St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Martha L. Lewis

DATE OF BIRTH (month, day, year) Sept 7th 1876

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Y

13. NAME Edward L. Lewis

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Ella Lucine

16. BIRTHPLACE (city or town) (State or country) New York

INFORMANT Martha Lewis

(Address) 610 Somerset Road

BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Cem. Date Oct 19th 1938

UNDERTAKER Henry Meyling & Co.

(Address) (Garland H. Gaige) Huntington, W. Va.

OCT 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/2 1938 to 10/17 1938, 19

I last saw him alive on 10/17/38, 19. Death is said to have occurred on the date stated above, at 12.35 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Ventricular Tachycardia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hammond Hagner M. D.

(Address) Union Memorial Hosp.

S-2976 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51218 CERTIFICATE OF DEATH ✓ X 54-9 F 51218

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Rufus Blume

(a) Residence: No. 2535 - Park Ave St., Ward. Cincinnati Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth

6. DATE OF BIRTH (month, day, year) 3/31/76

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

13. NAME Rufus Blume

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Lilian Mitchell

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Cincinnati Ohio Date Oct 20 '38

UNDERTAKER Gilbert W Berning

(Address) 4502 E north Ave

OCT 19 1938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1938 to Oct 18, 1938

I last saw him alive on Oct. 18, 1938 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6. Cerebellar brain tumor (Benign)	1 Year
Other contributory causes of importance:	

Was an operation performed? yes Date of Oct 15, 1938

For what disease or injury? Brain tumor

Name of operation Cerebellar hemispherectomy

What test confirmed diagnosis? Tumor Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kennedy L. Crothall, M. D.

(Address) Johns Hopkins Hosp.

51219 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51219

CERTIFICATE OF DEATH

1631

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Ramsay ave St. 14-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ephrom Jackson

(a) Residence: No. 1631 Ramsay ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Jackson

6. DATE OF BIRTH (month, day, year) (Oct 16 1877)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Liberty maryland

13. NAME Ephrom Jackson

14. BIRTHPLACE (city or town) (State or country) Liberty Md

15. MAIDEN NAME Nancy Young

16. BIRTHPLACE (city or town) (State or country) Liberty Md

17. INFORMANT Robert Nelson

(Address) 62 Lenox ave N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Oct 19 38

19. UNDERTAKER Charles H Burkett

(Address) 5 E Lanvale St

20. FILED OCT 19 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/1/38 to 10/16 1938

I last saw him alive on 10/16 1938. Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular renal disease, Decubitus, pulmonary Edema	unk
Other contributory causes of importance	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. L. Jackson M. D.

(Address) 600 N. Arlington Ave

220 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51220

CERTIFICATE OF DEATH 82-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 715 W. Barre St. S. 21-1 (Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John W. Metzger

(a) Residence No. 715 W. Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Metzger

DATE OF BIRTH (month, day, year) June 26, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME John Metzger

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT John Metzger
(Address) 715 W. Barre St

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 21 1938

UNDERTAKER Lembrow, Inc.
(Address) 1217 W. Baltimore St.

FILED 19 Huntington Williams, Registrar

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9—1—38 to 10/18/38

I last saw h alive on 10/17/38 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	10/4/38
Other contributory causes of importance: Arteriosclerosis Arterial Tension,	9/1/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) Richard Dias M. D.

(Address) 1217 W. Baltimore St

221 HEALTH DEPARTMENT—CITY OF BALTIMORE 51221

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40th & Cedar Aves., St., 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Sullivan

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Sullivan

6. DATE OF BIRTH (month, day, year) About 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70 Years			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Thales

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Home for Incurable Records

(Address) 40th & Cedar Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 20th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

20. FILED Huntington Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25 1938 to October 18 1938

I last saw h.. alive on October 17 1938. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Central Hypertension	? ?
Other contributory causes of importance: Lobular pneumonia	10-10-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Conrad Acton M.D.

(Address) Home for Incurables

HEALTH DEPARTMENT—CITY OF BALTIMORE

51222

1222

CERTIFICATE OF DEATH

√ 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Hollins St. 19-3 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Faduss

If U. S. Veteran specify WAR

(a) Residence: No. 1415 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Elizabeth Faduss

DATE OF BIRTH (month, day, year) About 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop Rooming House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 808

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Jerbius Faduss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Weisman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs E J Faduss

(Address) 1929 E 30th St

~~BURIAL, CREMATION OR REMOVAL~~

Place Loudon Park Date Oct 19, 1938

UNDERTAKER J. Fletcher Thompson

(Address) 1700 Eutaw Pl.

FILED Huntington Wright, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Oct 18, 1938

I last saw h[im] alive on Oct 18, 1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Fibrosis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J Lau M. D.

(Address) 716 Wilkens Ave

9 1938

51223 ✓ F 51223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706-Harford Ave St. 9-9 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. dy. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rudolph Frankl

(a) Residence: No. 1706-Harford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia (Nohe)

DATE OF BIRTH (month, day, year) 10/27/1858

AGE Years	Months	Days	If LESS than 1 day X ZX ZX or min.
79	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accounting

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Frankl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Julia Frankl

(Address) 1706-Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/19/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED 19 Registrar

OCT 19 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 10/17/1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanged self with a rope

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenker Coroner M. D.

(Address) Coroner

224

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51224

CERTIFICATE OF DEATH

164

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Garage in Rear 2000 Carlton Ave St., 9-8 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles W. Heinz

(a) Residence: No. 1725 Carlton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) Henrietta Heinz

DATE OF BIRTH (month, day, year) Oct. 5, 1880.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month, day, year) Oct 17/1938
11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Md. Balto.

13. NAME Charles D. Heinz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Katherine Rettinger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Carl C. Heinz
(Address) 2006 Huntington Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn County Date Oct 20 38

19. UNDERTAKER William Cook
(Address) 217 St. Paul Street

20. FILED Oct 19 1938 Huntington Williams, Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Auto Exhaust)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10/17/1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Closed garage doors & Car ~~X~~

Nature of injury motor Car running.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

51225

CERTIFICATE OF DEATH

13 F 51225

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3847 Falls Road St., 13 57 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Anna Laura Shamer

(a) Residence: No. 3847 Falls Road St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John T. Shamer

DATE OF BIRTH (month, day, year) Aug. 12-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

10. NAME Wesley Mayes

11. BIRTHPLACE (city or town) (State or country) Maryland

12. MAIDEN NAME Rebecca Carter

13. BIRTHPLACE (city or town) (State or country) Maryland

14. INFORMANT John T. Shamer

(Address) 3847 Falls Road

15. BURIAL, CREMATION, OR REMOVAL Green Mount, Balto Co. Date Oct 20. 1938

16. UNDERTAKER Grace H. Burger

(Address) 3831 Falls Road

17. FILED OCT 19 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to Oct 17 1938

I last saw her alive on Oct 17 1938. Death is said to have occurred on the date stated above, at 12-20 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis, arteriosclerosis and chronic myocarditis — Date of onset May 1932

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Abram Drucker M. D.

(Address) 846 W 36 St Balto

D. B. 1268-9

51226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-6

F 51226

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 N. Mulberry St., 19-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Oliver

(a) Residence: No. 1611 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Baby

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-31-1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md

13. NAME Herman J. Oliver

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lillian Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Oliver
(Address) 1611 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 19, 1938

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 Gilmore St Huntington Station, N.Y.

20. FILED Oct 19 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1938 to Oct 17 1938

I last saw him alive on Oct. 17 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchial Pneumonia	Oct. 12/38
Other contributory causes of importance:	
Exhaustion	2 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ed. F. Cavanaugh M. D.

(Address) 2215 W. Martin Circle

51227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a-1,14 37533

F 51227

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME David Burley

(a) Residence: No. 6 E. Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/22/1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Months		2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Gladys Holmes

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Rosetta Burley

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 19, 38

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 E. Schroeder St

20. FILED OCT 19 1938 19 Mrs. Katie R. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/30, 1938, to 10/17/38, 19

I last saw him alive on 10/17/38, 19. Death is said to have occurred on the date stated above, at 10 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CONGENITAL Syphilis	7/22/38
Acute ENTERO-Colitis	9/30/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph McCosh M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

51228

CERTIFICATE OF DEATH

94a F 51228

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3551 Eaton Ave. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Cora Fauman Ronnenberg

If U. S. Veteran specify WAR

(a) Residence: No. 3551 Eaton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry L. Ronnenberg

DATE OF BIRTH (month, day, year) May 22 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Stamford Conn.

13. NAME Simon Fauman

14. BIRTHPLACE (city or town) (State or country) Stamford Conn.

15. MAIDEN NAME Elizabeth Messick

16. BIRTHPLACE (city or town) (State or country) Albany New York

INFORMANT Henry L. Ronnenberg
(Address) 3551 Eaton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Ft. Olivet Cem. Date Oct. 18 1938

UNDERTAKER Jnamie Cook Dyer
(Address) 1610 N. North Ave.

OCT 19 1938 Huntington Williams, Nott.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1938 to Oct 17, 1938

I last saw her alive on Oct 16, 1938. Death is said to have occurred on the date stated above, at 9 40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Seizures Chronic Hypertension	Chronic
Angina Pectoris	3 Months
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott W Johnson, M. D.

(Address) 843 E Fredrick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51229

CERTIFICATE OF DEATH

161-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Cauttow

If U. S. Veteran specify WAR .....

(a) Residence: No. 429 E Heaver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 10-9-38

7. AGE: Years ..... Months ..... Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): md

13. NAME Levi Cauttow

14. BIRTHPLACE (city or town) (State or country): N.C.

15. MAIDEN NAME Alice Jenning

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL OCT 19 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) .....

20. FILED OCT 19 1938 [illegible] Williams

1374

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-12-, 1938, to Oct 15, 1938.

I last saw her alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of the new born	4 days

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry P. Boesberg, M. D.

(Address) Johns Hopkins Hosp.

F 51230

51230 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 37975 (1935-B)

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Richard Slade

If U. S. Veteran specify WAR

(a) Residence: No. 1813 Kavanaugh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta

ATE OF BIRTH (month, day, year) 2/29/1~~80~~ 1883

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~80~~	55 ~~80~~	7	19	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 ?

12. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Date 19

UNDERTAKER
(Address)

FILED 19 Registrar

9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1938 to October 18, 1938

I last saw him alive on October 18, 1938. Death is said to have occurred on the date stated above, at 3:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSautelle M. D.

(Address) Baltimore City Hospitals

1231 F 51231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 N 38th St St. 13-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gilbert L Nolt

(a) Residence: No. 1114 N 38th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Agnes Nolt

DATE OF BIRTH (month, day, year) Mar 6 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

13. NAME OF FATHER Lewis Nolt

14. BIRTHPLACE (city or town) (State or country) W Va.

15. MAIDEN NAME OF MOTHER Mary Evans

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Wife 1114 N. 38th St

18. BURIAL, CREMATION, OR REMOVAL Date Oct 31 1938

Name of cemetery St Mary's C.A.

19. UNDERTAKER (Address) R. S. Merryhall 3839 Falls Rd

FILED 19 Registrar

19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10/15/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D. Coroner

(Address)

1232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51232

CERTIFICATE OF DEATH

106-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2432 Callow Ave 12-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? 58 yrs. mos. da.

FULL NAME Barnett Freedman

If U. S. Veteran specify WAR

(a) Residence: No. 2432 Callow Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Esther Freedman

6. DATE OF BIRTH (month, day, year) 4-18-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. Name of father Abraham Isaac Mountfreed

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME of mother Judith

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Jeanine Freedman
(Address) 3314 Pinkney Rd

18. BURIAL, CREMATION, OR REMOVAL Date 10-20-38

UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

1938 Huntington Williams, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to ——, 19—

I last saw h— alive on ——, 19— Death is said to have occurred on the date stated above, at 9 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mania	Sept 38
Other contributory causes of importance: Myocardial insufficiency	Oct 38

Was an operation performed? —— Date of ——

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——, 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred: In industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ——, M. D.

(Address)

233 F 51233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3809 Granada Ave (St.) (Ward) 10

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Schwartz

(a) Residence: No. 3809 Granada Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Karl

6. DATE OF BIRTH (month, day, year) 1873

7. AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Moses Katz

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Belle Katz

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Karl Schwartz
(Address) 3809 Granada Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lowenstein Date 10-19-38

19. UNDERTAKER
(Address) 1423 E. Baltimore St

20. FILED 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/7/28, 19.., to 10/19, 1938

I last saw her alive on 10/17/38. Death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1928
Other contributory causes of importance: Hypertension	1926

Was an operation performed? Yes Date of 5/26/28

For what disease or injury? Carcinoma of uterus

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Finkelstein M. D.

(Address) 2326 Eutaw Pl

1234 HEALTH DEPARTMENT—CITY OF BALTIMORE F51234

CERTIFICATE OF DEATH

87-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 Athol Ave. St. 28-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Wheeler

If U. S. Veteran specify WAR

(a) Residence: No. 22 Athol Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Young Wheeler

6. DATE OF BIRTH (month, day, year) Sept. 11, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.

13. NAME Leonard M. Wheeler

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT General German Aged Home Records
(Address) 22 Athol Ave. Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 20/38

19. UNDERTAKER Harry H. Curtis
(Address) 101 Edmondson Ave.

20. FILED Oct 19 1938 Herrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1/38, 19.., to Oct. 18/38, 19..

I last saw him alive on Oct. 16/38, 19.. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	Unknown.
Other contributory causes of importance:	
Uraemic Coma	Oct. 1/38.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Wells Chamberlain M.D.

(Address) 933 Hanover St.

51235

HEALTH DEPARTMENT—CITY OF BALTIMORE

51235

CERTIFICATE OF DEATH

93-C

PLACE OF DEATH Sulang Sanatorium

Registered No.

CITY OF BALTIMORE: (No. 600 Chapel Gate Lane St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Ida Burke

(a) Residence: No. 600 Chapel Gate Lane St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) About 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	93			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT C. Sanders Galbreath

(Address) 1935 Clark Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 10/21/38

19. UNDERTAKER Wm. H. Pond & Co

(Address) 1217 E. Pond St

FILED OCT 20 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to Oct 19, 1938

I last saw her alive on Oct 19, 1938 Death is said to have occurred on the date stated above, at 5:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	20 yrs.
Chr. Myocarditis	½ "

Other contributory causes of importance

Was an operation performed? Not Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. Lloyd Johnson M. D.

(Address) Catonsville, Md

51236 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51236

CERTIFICATE OF DEATH V 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. 27-13 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME John J. Hebbitts

(a) Residence: No. 722 Colorado Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Katie McGeal Hebbitts

DATE OF BIRTH (month, day, year): Jan 16 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Supt. 608

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: City Water Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

12. NAME: Patrick Hebbitts

13. BIRTHPLACE (city or town) (State or country): Ireland

14. MAIDEN NAME: Mary Conway

15. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT (Address): Katie McGeal Hebbitts 722 Colorado Ave.

BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Oct 21 38

UNDERTAKER: William Cook

(Address): 1217 St Paul St

Oct 20 1938 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound head.	Oct 18
Compound fracture skull.	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation: Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10/18, 1938

Where did injury occur? Union Square Baltimore Park (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public Park

Manner of injury: Shooting with pistol

Nature of injury: Compound fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M J Hanna M. D.

(Address) 1822 W Baltimore St

6

F 51237

1237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital St., Ward)

gth of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary R. Reese

(a) Residence: No. Union Bridge Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of John C. Reese

DATE OF BIRTH (month, day, year) Dec. 12-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	8	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 3 weeks ago

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Centerville Maryland

13. NAME OF FATHER John H. Repp

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Clara Repp

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert Reese (Address) Union Bridge Md.

18. BURIAL, CREMATION, OR REMOVAL Pipe Creek Cem. Date Oct. 22 38

19. UNDERTAKER H. D. Hartzler & Sons (Address) Union Bridge Md.

20. FILED Oct 20 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1938, to Oct. 20, 1938.

I last saw her alive on Oct. 19, 1938 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse peritonitis	Oct. 10
Extra-peritoneal abscess, left	Oct. 6
Diverticulitis sigmoid	June 3
Other contributory causes of importance: Arterio-sclerotic C.V.D.	?

Was an operation performed? yes Date of Oct. 17.

For what disease or injury? Diffuse peritonitis

Name of operation Incision & insertion of drains

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Henry L. Rigdon M. D.

(Address) University Hosp.

51238 B 51238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 N. Broadway St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Leonard Luris

(a) Residence: No. 1016 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Luris

7. DATE OF BIRTH (month, day, year) Sept 4, 1868

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair Man

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gl. Glass Co

12. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. NAME OF FATHER Luris

15. BIRTHPLACE (city or town) (State or country) Germany

16. MAIDEN NAME OF MOTHER Unknown

17. BIRTHPLACE (city or town) (State or country) Germany

18. INFORMANT Mary Jane Luris

(Address) 1016 N. Broadway

19. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Oct. 20, 1938

20. UNDERTAKER Philip Lewis & Son

(Address) 206 E. Eutaw St

21. FILED 19 Huntington Williams 1938

OCT 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 38 to Oct 17 38

I last saw him alive on Oct 16, 38 Death is said to have occurred on the date stated above, at 5:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Oct 13 38
	10/13/38
Other contributory causes of importance: Arterio Sclerosis	1935

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Roane M. D.

(Address) 801 N. Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51239 ✓ 46-EF 51239

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 W 34th St. St., 13-6 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Mary L. Byrne

(a) Residence: No. 725 W 34th St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert N. Byrne

DATE OF BIRTH (month, day, year) Dec 3 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	10	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) md.

10. NAME John F. Lucabaugh

11. BIRTHPLACE (city or town) (State or country) md.

12. MAIDEN NAME Julia Pohrbaugh

13. BIRTHPLACE (city or town) (State or country) md.

14. INFORMANT Robert N. Byrne

(Address) 725 W 34th St

15. BURIAL, CREMATION, OR REMOVAL Mount Calvary Date Oct 21 1938

16. UNDERTAKER Clemens & Son

(Address) 3615 Clark Place

17. FILED OCT 20 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1 1938 to October 18 1938.

I last saw h[illegible] alive on October 18, 1938. Death is said to have occurred on the date stated above, at 8 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	4-1-38

Other contributory causes of importance:

Was an operation performed? Yes Date of April 1-38

For what disease or injury? Carcinoma of liver

Name of operation Exploratory

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Archer J Davies M. D.

(Address) 500 W 33rd St

F 51240

240 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 47-2 37709 JS

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto. City Hospt. St. 9-2-38 Ward)

gth of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

If U. S. Veteran specify WAR

FULL NAME William Wilson

(a) Residence: No. 612 Burgundy St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

ATE OF BIRTH (month, day, year) 10-10-~~1874~~ 1871

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
57	~~64~~	0	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Warren

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. Med. File
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 10/21/38 19

UNDERTAKER Isaiah L Brown & Son

(Address) 1019 W Montgomery St

FILED Huntington Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1938 to 10-18, 1938

I last saw him alive on 10-18, 1938 Death is said to have occurred on the date stated above, at 11.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Carcinoma Larynx ?	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10/17/38

For what disease or injury?

Name of operation Biopsy Larynx

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify

(Signed) L. Woodward Jr. M. D.

(Address) Balto City Hosp.

51241

HEALTH DEPARTMENT—CITY OF BALTIMORE

51241

CERTIFICATE OF DEATH

53-B 37059-PS

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Isabelle Moody

If U. S. Veteran specify WAR .....

(a) Residence: No. 592 Baker St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced: WIFE of (or) HUSBAND of James Wallace Moody

DATE OF BIRTH (month, day, year) 2-21-1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	52	7	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) Md.
(State or country)

10. NAME John Valentine

11. BIRTHPLACE (city or town) Va.
(State or country)

12. MAIDEN NAME Caroline Gardner

13. BIRTHPLACE (city or town) Md.
(State or country)

14. INFORMANT City Hospital Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL

Place Orchard Memorial Cem. Date Oct 20 1938

16. UNDERTAKER Archibald C. Gaddis
(Address) 2101 McCulloh St.

17. FILED Huntington Williams, Nd.

OCT 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10 1938 to October 18 1938

I last saw her alive on October 18 1938. Death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (?)	1937 Aug

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lyle De Lautter M. D.

(Address) Baltimore City Hospitals

51242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51242

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 13 N. Biddle St. St., 11-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Brady
U. S. Veteran
specify WAR.

(a) Residence: No. 13 N. Biddle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brady

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 48	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mary Brady
(Address) 13 N. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mardowridge Date Oct. 20 1938

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Rd.

20. FILED Oct 20 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1938.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 year

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe M. D.
Attending Physician
(Address) 1331 E. North Ave

F 51243

243 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Meretta Kahn

(a) Residence: No. 2222 Brookfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced (or) WIFE of Nathan Kahn

DATE OF BIRTH (month, day, year) Sept. 3, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 6009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Rief

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose Clone

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Kahn

(Address) 2222 Brookfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Southern Ave Oct 20 38

Place Date

19. UNDERTAKER Sol Levinson & Bros

(Address) 1624-26 W. North Ave

20. (Date) 10-19-1938

21. Registered

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury poisoning	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 10/N/ 1938

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed three tablets

Nature of injury bichloride of Mercury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) Comm

HEALTH DEPARTMENT—CITY OF BALTIMORE

1244 F 51244

CERTIFICATE OF DEATH

√ 119

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Inf. St. 13-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby boy Williams (James Graham Williams) If U. S. Veteran specify WAR

(a) Residence: No. 717 N. North Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of?

6. DATE OF BIRTH (month, day, year) Oct 12, 1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	—	—	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME OF FATHER Harry W. Williams

14. BIRTHPLACE (City or town) (State or country) Baltimore, Md

15. MAIDEN NAME OF MOTHER Lucile M. Graham

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Harry Williams 712 W North Ave
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Buried
Place Roxana Date Oct 20 1938

19. UNDERTAKER Wm. J. Buckler & Sons
(Address) North & Pa.

20. FILED Oct 20 1938 Huntington Williams, Nyt.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Oct 19, 1938.

I last saw h/M alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 12 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (hemolytic streptococcus)	10-17-38
Streptococcus infection in gastro-intestinal tract	10-17-38
Other contributory causes of importance: Diarrhea	

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A B Crampton, M. D.

(Address) Church Home & Inf.

5 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51245

CERTIFICATE OF DEATH ✓175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Bellford

If U. S. Veteran specify WAR

(a) Residence: No. 1027 Jan Rinis St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs —

DATE OF BIRTH (month, day, year): May 1893

AGE: Years 45 | Months 6 | Days — | If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Lewes Delaware

13. NAME: Wm Raiflie

14. BIRTHPLACE (city or town) (State or country): Lewes Delaware

15. MAIDEN NAME: Addie Short

16. BIRTHPLACE (city or town) (State or country): Lewes Delaware

INFORMANT (Address): Wm Raiflie, Lewes Delaware

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Oct. 21 38

UNDERTAKER: Mrs. Nannie G. Hinsley

(Address) 578 N. Bradford St.

OCT 20 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset: Oct 16 1938

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Oct 16 1938

Where did injury occur? 1027 Jan Rinis St Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Was struck in head by

Nature of injury marking wrench -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. S. Allen M. D.

(Address) 607 Augusta St

F 51246

246 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital St. 24-4 Ward)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward L. Kibler

(a) Residence: No. 1729 Bell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 9 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Edward L Kibler
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Lillian V Marsh
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Mrs Edward L Kibler
(Address) 1729 Bell St
18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 20 1938
19. UNDERTAKER William M Marsch
(Address) 715 Light St
20. FILED Oct 20 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct 18, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day

Other contributory causes of importance: Cerebral Atrophy

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel A Wolf M. D.
(Address) 1311 North Ave

51247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

ST P F 51247

PLACE OF DEATH Mercy Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 27-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Mr. John C Barlag

If U. S. Veteran specify WAR

(a) Residence: No. 2702 Louise Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M/S/C	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Barlag

DATE OF BIRTH (month, day, year) Nov 30, 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Barlag

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME ? Schroder

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Catherine Barlag

(Address) 2702 Louise Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkland Date 10/22/38

UNDERTAKER Leonard J Rapp

(Address) 5305 Harford Ave

OCT 20 1938 Huntington Williams, Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1938 to October 19, 1938

I last saw him alive on October 19, 1938 Death is said to have occurred on the date stated above, at 10:12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	?
	over
Other contributory causes of importance	
Left sciatic inguinal hernia	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. Edwin Miller M. D.

(Address) Mercy Hospital

1248

✓ F 51248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 210-M

1. PLACE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-4 Ward)

Length of residence in city or town where death occurred 2 hrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH L. BRENNAN

If U. S. Veteran specify WAR _____

(a) Residence: No. Tufton Ave. Cockeysville, Md, St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, year) Mar. 28, 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James P. Brennan

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Lena Melanson

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT James P. Brennan

(Address) Tufton Ave. Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL Oct. 21, 1938

Place St. Joseph's Cem. Texas, Md. 19

19. UNDERTAKER Chas. T. Sauerhammer

(Address) Huntington, Williams, Nyc.

FILED 0 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fracturs	

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Oct. 18, 1938, 19...

Where did injury occur? Balto. Co. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Riding Bicycle on Tufton Rd. near

Nature of injury Falls Rd. struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) G. H. Wachen M. D.

Coroner

(Address) Towson Md.

F 51249

249 HEALTH DEPARTMENT—CITY OF BALTIMORE

160-B

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH
CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Baby Millen

(a) Residence: No. 425 N. Bradford St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) October 16, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2½	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Richard Millen
14. BIRTHPLACE (city or town) (State or country) Michigan
15. MAIDEN NAME Lorraine Kaun
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Hosp. Records.
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct. 20 1938
19. UNDERTAKER John A. Miller
(Address) 2,3,5,4 Jefferson St. Huntington Williams, N.Y.
20. FILED OCT 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1938, to October 18, 1938
I last saw him alive on October 18, 1938 Death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial pneumonia	Birth
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Lumbar puncture
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Doyle F. Zadeck, M. M. D.
(Address) The Johns Hopkins Hospital

250 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51250

CERTIFICATE OF DEATH

46-B
CGK--37972

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hospital St., ... Ward)

rth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Henry Clay

(a) Residence: No. 252 N. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861 (?)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73 77 73	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) S.C.
(State or country)

13. NAME Gabriel Clay

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Meeker ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem Date Oct. 20, 1938

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED 1938 ... 19 ... Huntington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1938, to October 17, 1938.
I last saw him alive on October 17, 1938. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

F 51251

1251 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hosp. 75 6C Registered No. 1874

CITY OF BALTIMORE: (No.) E. Fallsway North of Biddle St. (or) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Brown If U. S. Veteran specify WAR

(a) Residence: No. Not Known St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	S.

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Not Known

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Identified by Saml. Gale
(Address) 214 N. Caroline St.

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 20 1938
Commissioner of Health

UNDERTAKER Per H. A. Moore
(Address) Huntington Williams, Mgr.

0 1938

4376 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on the body thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure due to Alcoholism Chronic	Oct 4-1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. E. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

252 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31252

CERTIFICATE OF DEATH 82-a 2108 (MB)

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alexander Bond

If U. S. Veteran specify WAR

(a) Residence: No. 212 Colvin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Black	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) 8/15/1885

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
3	53	2	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-1

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N. C.
(State or country)

13. NAME Robert (d)

14. BIRTHPLACE (city or town) S. C.
(State or country)

15. MAIDEN NAME Mary Neeley

16. BIRTHPLACE (city or town) S. C.
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 20 1938

Commissioner of Health

UNDERTAKER

(Address) Rev. H. A. Moore

FILED 19 Registrar.

1938 4377 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 2 1937 to October 15, 1938

I last saw him alive on October 15, 1938. Death is said to have occurred on the date stated above, at 2:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	1938 about
Other contributory causes of importance: Cerebral hemorrhage	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 51253

253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 22-1 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lonnie Davis

(a) Residence: No. 712 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Isabel Davis

DATE OF BIRTH (month, day, year) March 22-1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher, H.S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Florida

12. NAME Thomas Davis

13. BIRTHPLACE (city or town) (State or country) Florida

14. MAIDEN NAME Frances ?

15. BIRTHPLACE (city or town) (State or country) Florida

INFORMANT Patient City Hospitals Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 20 1938
Commissioner of Health

UNDERTAKER Pac H. S. Moore
(Address) Taneytown, Md.

1938 [illegible] Registrar

4378

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Oct. 1
Valvular heart disease	Mos.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

F 51254

254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 cc

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No.) Bay View St. 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Baby Boy Sittleton

(a) Residence: No. 804 Jackson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct. 18-1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME James Sittleton Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Helen Julia Lapsa

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Helen Julia Sittleton (Mother)

(Address) 804 Jackson st.

18. BURIAL, CREMATION, OR REMOVAL Holy cross Cem. Brooklyn Oct 20 38

19. UNDERTAKER John J. Ludwig & Sons

(Address) 310 Light St.

Filed Oct 19 1938, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	8 Months
Atelectasis	

Other contributory causes of importance: ✓

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

930

✓ F 51255

55 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94.a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Frederick Ave. St., 20-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Albert A. Gibson

(a) Residence: No. 3118 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 10, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Meter Co.

8. Date deceased last worked at this occupation (month and year) January 1933

11. Total time (years) spent in this occupation 40 yrs

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME Thomas Henry Gibson

11. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. MAIDEN NAME Margaret Ann Thomas

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

14. INFORMANT Mrs. Fannie H. Gibson

(Address) 3118 Frederick Ave.

15. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 21, 1938

16. UNDERTAKER J. T. Ambrose

(Address) 1005 E. Baltimore St.

1938 Huntington Williams, Nyst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931 to Oct. 19, 1938

I last saw him alive on Oct 18, 1938 Death is said to have occurred on the date stated above, at 9.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 yr. 1931
Coronary Obstruction	Sudden

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Fredericka

256 HEALTH DEPARTMENT—CITY OF BALTIMORE E 54256

CERTIFICATE OF DEATH

51-C

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4310 WENTWORTH ROAD St. 28-2 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME ELMER LeROY McFREDERICK

(a) Residence: No. 4310 WENTWORTH ROAD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie TOLSON

6. DATE OF BIRTH (month, day, year) Jany 21, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INSURANCE BROKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

13. NAME OF FATHER JAMES H. McFREDERICK

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME OF MOTHER SARAH LINDA LEPSON

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT GEORGE H. McFREDERICK

(Address) 4310 WENTWORTH ROAD

18. BURIAL, CREMATION, OR REMOVAL

Place WESTERN CEMY. Date OCT 21.1938

19. UNDERTAKER John C. Mitchell Funeral Home

(Address) 1900 EUTAW PLACE

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18.1938

22. I HEREBY CERTIFY, That I attended deceased from Jan-8 1937 to Oct 18 1938

I last saw him alive on Oct 18 1938 Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - (general abdominal - probably secondary to ca - prostate.).	
Other contributory causes of importance:	

Was an operation performed? yes Date of 1/12/37

For what disease or injury? Intestinal obstruction

Name of operation Resection of small bowel

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E R Edwards M. D.

(Address) MEDICAL ARTS BLDG.

257 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51257

CERTIFICATE OF DEATH

1 31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2[illegible] [illegible] St., 7-3 Ward)

th of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 61 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Mrs Mary Martin

(a) Residence: No. 821 N Patterson Park Ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Martin

DATE OF BIRTH (month, day, year) not known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME OF FATHER Wm Moffett

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William Moffett

(Address) 821 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 24 1935

19. UNDERTAKER Lord & Lord Sons

(Address) 406 Eutaw St

Huntington Williams Nat

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1935, to October 20, 1935.

I last saw her alive on October 20, 1935. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hypertension	
Arteriosclerosis & degeneration	
Myocarditis	
Other contributory causes of importance:	
Bronchopneumonia	
Chronic Nephritis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... ?

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) M. R. Arnept, M. D.

(Address) St. Joseph Hosp.

F 51258

1258 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S. Balto. Genl. St., 10-1 Ward)

Length of residence in city or town where death occurred yrs life mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Theodore A. Hoffman

If U. S. Veteran (specify WAR) no

(a) Residence: No. 1104-E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth C. (Butz)

DATE OF BIRTH (month, day, year) 3/12/1884

AGE Years	Months	Days	If LESS than 1 day, hours or min.
54	7	6	xxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Hoffman.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Mr. Harry C. Hoffman

(Address) 1104-E. Biddle Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/22/38

UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

FILED Huntington Williams, Registrar

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident April 27, 1938 Date of injury, 19

Where did injury occur? Gay & Pratt St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Supposed to be struck by Automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D. Coroner

(Address)

Quinlin

HEALTH DEPARTMENT—CITY OF BALTIMORE

51259 E 51259

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 124 N Fulton Ave 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth J Quinlin

If U. S. Veteran specify WAR

(a) Residence: No. 124 N Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas J. Quinlin

DATE OF BIRTH (month, day, year) May 7 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Virginia

10. NAME Alphonso Finney

11. BIRTHPLACE (city or town) (State or country) Virginia

12. MAIDEN NAME Mary Crawford

13. BIRTHPLACE (city or town) (State or country) Virginia

14. INFORMANT Jno Mary Toole

(Address) 124 N Fulton Ave

15. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 10/21 1938

16. UNDERTAKER Geo. A Foley

(Address) Fulton & Longsdale Huntington Williams Sts

17. FILED

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Oct 18, 1938

I last saw h.. alive on Oct 18, 1938. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia, central	Oct 18 '38

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 113 S Eager St

260

HEALTH DEPARTMENT—CITY OF BALTIMORE 51260

CERTIFICATE OF DEATH

PLACE OF DEATH Md General Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Luzerne Ave. & Ward) 2

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Katie Estes

If U. S. Veteran specify WAR

(a) Residence: No. Chesterlowne, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Allie Estes

ATE OF BIRTH (month, day, year) 1874

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Chester Maryland

13. NAME [illegible] Smith

14. BIRTHPLACE (city or town) (State or country) Chestertown, Md

15. MAIDEN NAME Mary E. Chambers

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Maryland.

INFORMANT Frank Smith

(Address) Fairlee, Md

BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Chestertown Md Date Oct 23, 1938

UNDERTAKER J. Willis Wells

(Address) Chestertown, Md.

FILED [illegible] 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1938 to 10-20, 1938

I last saw her alive on 10-20, 1938 Death is said to have occurred on the date stated above, at 7:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) M. F. Stevenson Jr M. D.

(Address) Md. Gen Hosp

1261 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51261

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3613 Gwynn Oak Ave (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Amanda E. Alers

If U. S. Veteran, specify WAR [illegible] Record.

(a) Residence: No. 3613 Gwynn Oak Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced — HUSBAND of (or) WIFE of: wife

6. DATE OF BIRTH (month, day, year): March 8 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME OF FATHER: Geo. M. Addison

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME OF MOTHER: Margaret Stubbs

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Amanda M. Alers 3613 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park 10/22 38

19. UNDERTAKER (Address): William Cook 1217 St Paul St

FILED 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH 9 AM

21. DATE OF DEATH (month, day, year): Oct 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1938 to Oct 20 1938

I last saw her alive on Oct 20 1938 Death is said to have occurred on the date stated above, at 9 16 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease.	8 yr.
Anemia Pernicious	3 yr.
Other contributory causes of importance:	
Cardiac Asthenia	1 hr.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) E M [illegible] M. D.

(Address) 806 N Fulton Ave

51262 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51262

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. ..... St., 42-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Frances Patrick Brennan

(a) Residence: No. Chappaqua, N.Y. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman & Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 7-2-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

13. NAME William Brennan

14. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

15. MAIDEN NAME Agnes Kelly

16. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Hampden Oct. 21 1938

19. UNDERTAKER E. Leroy Stauffer, Inc.

(Address) 1252 E. North Ave.

20. FILED ... 19... ... Registrar.

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to October 16, 1938.

I last saw him alive on October 16, 1938. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular, mitral stenosis	Unknown
Other contributory causes of importance: Congestion, pulmonary, chr. passive	"

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. M. H. an diver, M. D.

(Address) U.S. Marine Hospital.

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F 51263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 23rd)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James B. Mitchell

(a) Residence: No. 1421 Clarkson St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sallie Mitchell

DATE OF BIRTH (month, day, year) Nov. 29, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9 10	20 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chesapeake Pipe Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conyers Ga.

13. NAME W. H. Mitchell

14. BIRTHPLACE (city or town) (State or country) UnKnown

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Mrs. Bobie Godwin,

(Address) 3012 Park Hights Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Marietta Ga. Date Oct 21st 1938

19. UNDERTAKER C. Schloman & Son

(Address) 1034 Hanover St.

FILED 19 Registrar

OCT 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so,

(Signed) T. H. Mullen, M. D.
Attending Physician

(Address) 2757 W. Mg

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51264

CERTIFICATE OF DEATH

93-c

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 403 S. Central Ave. St., 3-2 Ward)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Mary Iacci

If U. S. Veteran specify WAR

(a) Residence: No. 403 S. Central Ave St. 3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Luigi Iacci

DATE OF BIRTH (month, day, year) April 23. 1873.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE-WIFE

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME ANGELO BARONE

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ANNA BARONE

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Luigi Iacci
(Address) 403 S. Central Ave

BURIAL, CREMATION, OR REMOVAL

Place Pulaski Date 10/22 1935

UNDERTAKER: J. Wendel Dippel
(Address) 705 South Eden Street

FILED Huntington Williams Registrar

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 38 to Oct 19 38

I last saw her alive on Oct 18 38 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr.
Other contributory causes of importance: Pulmonary Oedema	1 day

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Loos M. D.

(Address) 1530 E Baltimore

1265 F 51265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 34-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital) 34-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

2. FULL NAME Edward H. Finger

(a) Residence: No. 3 E. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Finger

DATE OF BIRTH (month, day, year) Dec. 21, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	47	9	3 ?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Marie Finger
(Address) 3 E. Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cadedral Date Oct 21 1938

19. UNDERTAKER William H. Brack
(Address) 115 Light St. Pike

21 1938 Arlington, Maryland
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysum of Aorta	
Asphyxia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, state

(Signed) C. Rosen M. D.

(Address) 2757 W. Fay

1266

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51266

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Edith Clift

(a) Residence: No. 3214 Maryland ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry R. Clift

6. DATE OF BIRTH (month, day, year): Jan 20 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME of Father: Joseph W. Foster

14. BIRTHPLACE (city or town) (State or country): Charlestown S.C.

15. MAIDEN NAME of Mother: Mary E. Tully

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

INFORMANT: Mrs. Harry R. Clift

Address: 3214 Maryland ave,

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: 10/22 1938

UNDERTAKER: Lloyd Kaiser

Address: Capitol Hill Huntington Avenue, Md.

FILED Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the above deceased (knew, held an) (Inquest, Autopsy or Inquiry) thereon and (saw the body) (obtained by said) (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 5:47 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	
Other contributory causes of importance: Hypostatic Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address) 216 Harrison

267 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51267

CERTIFICATE OF DEATH

92-a cc

Registered No. 872

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No.) Home 179 Lancaster St. 2-3 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Wilkens If U. S. Veteran specify WAR

(a) Residence: No. 179 Lancaster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Wilkens

6. DATE OF BIRTH (month, day, year) Sept. 12-884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME John H. Wilkens
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Anna Meyers
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Mrs. Emma Wilkens Wife
(Address) 179 Lancaster St.
18. BURIAL, CREMATION, OR REMOVAL Place Oakdale Date Oct 24 38
19. UNDERTAKER William Cook
(Address) 1217 St Paul Street
20. Huntington Williams, Mort.

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Hour
Other contributory causes of importance: Pernicious Anemia-heart disease	2 Years

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. E. Wood M. D.
Coroner
(Address) 171 N. Broadway

F 51268

1268 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2635 N. Asquith St. St. 9-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary Amanda Heise

(a) Residence: No. 2635 N. Aisquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of wife of Emile Heise

6. DATE OF BIRTH (month, day, year) Dec,-22-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 Yrs.	9 Mo.	17 Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Stephen Wilson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Sarah Herd

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Minnie Reeves
(Address) 2635 N. Asquith St.

18. BURIAL, CREMATION, OR REMOVAL Oct.-22-1938
Place Most Holy Redeemer Cem. Date 19

19. UNDERTAKER R. Henry Stoeckl + Sons Inc.
(Address) 1301 E. Eager St.

Filed 19 Registrar.

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-19-1938

22. I HEREBY CERTIFY, That I attended deceased from August 2, 38 to October 19, 19 38

I last saw her alive on October 19, 19 38 Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decomposition	
Myocarditis	
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas J. Fitzpatrick M. D.

(Address) 1304 Eutaw St

51269) ✓ F 51269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Dukeland St. 15-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Streb

(a) Residence: No. 1705 Dukeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. Streb

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 10 m 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME ?. Harford

14. BIRTHPLACE (city or town) (State or country) UnKnown

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Bertha Kirkland
(Address) 1705 Dukeland

18. BURIAL, CREMATION, OR REMOVAL Most Holy Redeemer Cem Oct. 24-1938
(Place) (Date) 19

19. UNDERTAKER Henry Stocker & Son Inc.
(Address) 1301 E. Eager St.

20. 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937 19 to Oct. 20, 1938 19
I last saw her alive on Oct. 20, 1938 19 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) [signature] M. D.
(Address) 3757 W Lex

51270 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51270

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 729 Waroche St. 4th Ward)

Length of residence in city or town where death occurred 23 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

If U. S. Veteran specify WAR

FULL NAME Etta Stewart

(a) Residence: No. 729 Waroche St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

If married, widowed, or divorced
WIFE of (or) HUSBAND of John Stewart

DATE OF BIRTH (month, day, year) 12-25-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Clementine Chase

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Stevens
(Address) 916 Penna ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 10/23 38

19. UNDERTAKER William A Jackson
(Address) 916 Penna ave
Huntington Wellness, Inc

20. FILED OCT 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18th 1938 to Oct 20th 1938

I last saw her alive on Oct 20th 1938. Death is said to have occurred on the date stated above, at 1630 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	Oct. 15/38
Exhaustion	3 dys

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Leo. F. Laufenbach M. D.

(Address) 2215 N. Gaylord Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51271 CERTIFICATE OF DEATH 94 F 51271

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2100 Bellona Ave. St., Ward) 12

Length of residence in city or town where death occurred 1 yrs. 3 mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Sarah M. Bowman

(a) Residence: No. 7106 Oxford Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm C. Bowman

DATE OF BIRTH (month, day, year) July 10 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Pa

12. NAME OF FATHER Charles Bryan

13. BIRTHPLACE (city or town) (State or country) Pa

14. MAIDEN NAME OF MOTHER Mary Brooks

15. BIRTHPLACE (city or town) (State or country) Pa

16. INFORMANT (Address) 7106 Oxford Road

17. BURIAL, CREMATION, OR REMOVAL Place Philadelphia Pa Date Oct. 21 1938

18. UNDERTAKER (Address) 320 E. Baltimore St.

19. FILED OCT 21 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9th 1937 to Oct 21st 1938

I last saw her alive on May 25 1938 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Other contributory causes of importance: General Arterio Sclerosis	
Coronary Sclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) Bruce M. Thompson M. D.

(Address) Towson Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

51272

CERTIFICATE OF DEATH

93-F 51272

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Linwood St. 16-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME IDA V. WEEMS

If U. S. Veteran specify WAR

(a) Residence: No. 731 Linwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Richard V. Weems

DATE OF BIRTH (month, day, year) Oct 30. 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. @ Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Pikesville B.A. County Md

10. NAME OF FATHER Leonard Hartge

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME OF MOTHER Mary Deie

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT Mrs. Maurice Rathje

(Address) 731 Linwood St.

15. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct 23 38

16. UNDERTAKER J. C. Illyhart & Son

(Address) L# 1300 PITTS PLACE

OCT 21 1938 Huntington Williams, Nyse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1936 to Oct 20 1938

I last saw her alive on Oct 20. 1938. Death is said to have occurred on the date stated above, at 9-1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	
Dilatation of Heart	
Other contributory causes of importance: Cerebral Arterio Sclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. E. Purdum, M. D.

(Address) 1214 Druid Park Drive

Dr. H. Goldman ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B F 51273

51273

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4713 Beaufort St. 27th Ward)

Length of residence in city or town where death occurred 00 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Anna R. Lombardo

(a) Residence: No. 4713 Beaufort Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Emanuel

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Florence S. C.
10. NAME Mario Handleman
11. BIRTHPLACE (city or town) (State or country) Abruzzi
12. MAIDEN NAME Annie Frank
13. BIRTHPLACE (city or town) (State or country) Maryland
14. INFORMANT Husband
(Address)
15. BURIAL, CREMATION, OR REMOVAL Date 10-21-38 19
Pt. Lookout
16. UNDERTAKER Mark Lane Fre
(Address) 1732 E. Eager St
Clinton Williams, Mgr. Clinton Williams, Mgr.
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 | 20 | 38 .19

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1938 to Oct 20 1938
I last saw her alive on Oct. 20 1938 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	Oct 20 1938
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Goldmann M. D.
(Address) 2370 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

51274

CERTIFICATE OF DEATH

10 Jan 51274

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 15-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Israel Gilman

(a) Residence: No. 3404 Forest Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Gilman

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tayler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Gilman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Gindel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Gilman
(Address) 3404 Forest Park Ave

BURIAL, CREMATION, OR REMOVAL 10-21-38
Date 19

Mount Lebanon

UNDERTAKER Jos. Long Inc
(Address) 1425 Eutaw St

FILED OCT 21 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1938, to Oct 21, 1938

I last saw he alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 2-5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Pulmonary edema	
Other contributory causes of importance:	
Auricular fibrillation	
Myocardial insufficiency	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Irvin Kracher, M. D.

(Address) Sinai Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Wolman

51275

CERTIFICATE OF DEATH

27 F 51275

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Gunnell Lane) (Street) (Ward)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Rose Sachs

(a) Residence: No. 1624 Gunnell Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Sachs

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wife

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Russia

14. NAME Hyman Ensminger

15. BIRTHPLACE (city or town) (State or country) Russia

16. MAIDEN NAME Gertrude

17. BIRTHPLACE (city or town) (State or country) Russia

18. INFORMANT Husband

(Address)

19. BURIAL, CREMATION, OR REMOVAL 10-21-38

Cedar Hill Rd Date

20. UNDERTAKER Post Lane Inc

(Address) 1432 E. Pratt St

Huntington Williams, Nyt

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1938, to Oct. 20, 1938

I last saw her alive on Oct. 20, 1938. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary Tract Obstruction	
Bronchopneumonia	
Hypertensive Disease	
Other contributory causes of importance:	

Was an operation performed? Yes Date of March, 1938

For what disease or injury? Jaundice

Name of operation Cholecystotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) S. Wolman M. D.

(Address) 2444 Eastern Ave.

F 51276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

F 51276

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1737 McKean St., apt 3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Franklin Clark

(a) Residence: No. 1737 McKean ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Clark

6. DATE OF BIRTH (month, day, year) March 7, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Charles F. Clark

14. BIRTHPLACE (city or town) (State or country) Mill Creek, Md

15. MAIDEN NAME OF MOTHER Margaret Anne Culbreth

16. BIRTHPLACE (city or town) (State or country) Bath, Me

17. INFORMANT Laura Clark

(Address) 1737 McKean ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 25, 1938

19. UNDERTAKER John Lloyd

(Address) 2005 Eutaw St

20. FILED OCT 21 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

3 days

Uremic Nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Ehrmann M. D.

Coroner

(Address) 1210 Hanover

51277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 F 51277

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Orleans St. Street 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME MARGARET FISCHER

(a) Residence: No. 1323 Orleans St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florian Fischer

DATE OF BIRTH (month, day, year) October 17, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hungary

12. NAME John Gayen

13. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Helen Pfiffer

14. BIRTHPLACE (city or town) (State or country) Hungary

INFORMANT Anna Gayen

(Address) 1323 Orleans St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 22, 1938

UNDERTAKER John J. Ward

(Address) 2008 Orleans St

Huntington, W. Va. Registrar

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/ 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schenken Coroner M. D.

(Address)

TROTTER

78 HEALTH DEPARTMENT—CITY OF BALTIMORE B 51278

CERTIFICATE OF DEATH

77-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp. St. 19-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Paul J. Trotter

(a) Residence: No. 23 N. Stricker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	mulatto	married.

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Gertrude M. (nee Hamontree)

7. DATE OF BIRTH (month, day, year) Aug. 10, 1892.

8. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	46	2	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 1030

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

11. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tenn.

13. NAME Trotter

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mrs. Gertrude M. Trotter
(Address) 23 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL Oct. 22/38
Place Loudon Park Date ..... 19..

19. UNDERTAKER Harry F. Luthe
(Address) 101 Edmondson Ave.

20. FILED OCT 21 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938 to Oct. 19, 1938

I last saw him alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 10 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary	1934
Arterio sclerotic - Hypertensive	?
Cardio - Vascular - Renal	
Cerebral disease	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Head Conductor on Enamel Whse

(Signed) J. A. Callahan M. D.

(Address) University Hospital

BKL

279 HEALTH DEPARTMENT CITY OF BALTIMORE WARE 51279

82-a

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3016 Tendale Road 26-2 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Allie Brown Ware

(a) Residence: No. 3016 Tendale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced (or) WIFE of William Reynold Ware

DATE OF BIRTH (month, day, year) June 27-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lord

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Greenville S.C.
(State or country)

11. NAME Henry Watson Brown

12. BIRTHPLACE (city or town) Greenville
(State or country) N.C.

13. MAIDEN NAME Clara Brisson

14. BIRTHPLACE (city or town) Alabama
(State or country)

INFORMANT Mr. Robt. Dwight Ware
(Address) Rocky Mount, N.C.

BURIAL, CREMATION, OR REMOVAL

Place Shelby, N.C. Date Oct 24, 1938

UNDERTAKER J. T. Jackson & Sons
(Address) Shelby N.C.

FILED Huntington Williams, Registrar

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1938 to Oct 20, 1938

I last saw h alive on Oct 20, 1938 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Heart	10/20/44

Other contributory causes of importance:

Hardening of arteries & Chronic Nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. C. Hearn M. D.

(Address) 1990 Fairview Ave

F 51280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

FULL NAME Eleanore Rice (Ray)

If U. S. Veteran specify WAR

(a) Residence: No. 2116 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	62			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Oct 22, 19 38

UNDERTAKER Joseph M. Welby & Sons
(Address) 401 N. Charles St

FILED Oct 22, 19 38 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-16-33, 19 to 10-19-38, 19

I last saw h[illegible] alive on 10-19-38, 19 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10-18
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

(Signed) [signature] M. D.

(Address) Balto City Hosp.

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

1281 F 51281

CERTIFICATE OF DEATH

✓ 82-a

PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 16-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Viola Gray

(a) Residence: No. 917 N. Carrollton Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Georgie Gray

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Elizabeth, N. C.

10. NAME OF FATHER Sonny Ford

11. BIRTHPLACE (city or town) (State or country) Wilksville, N. C.

12. MAIDEN NAME OF MOTHER Georgiana Barrington

13. BIRTHPLACE (city or town) (State or country) Wilksville N. C.

14. INFORMANT Georgie Gray

(Address) 917 Carrollton Ave

15. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 22, 38

16. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St.

17. FILED Huntington Williams Undertaker

OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-22-38 to 10-18-, 1938

I last saw her alive on 10-18-, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	9-20-38
Left Hemiplegia.	9-20-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ert Mahoney M. D.

(Address) Provident Hospital

32

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 51282

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N Carey St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Allie Marie Onley

(a) Residence: No. 238 N Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Howard Onley

DATE OF BIRTH (month, day, year) Sept 26-1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic-27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

13. NAME of Father Virgie Field

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Alice Chaney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Alice Nell (Address) 238 N Carey St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Oct 21, 1938

19. UNDERTAKER Mrs Katie R. Williams (Address) 327 N Schroeder St.

CT 21 1938 Funeral Director Washington Williams, Reg. No.

Eby

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

found by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis (Primary) Date of onset Oct 10 1938

Other contributory causes of importance:

over

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

Coroner

(Address) 507 Aisquith St

51283 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51283

CERTIFICATE OF DEATH

√23

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 19-1 Ward)

gth of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

FULL NAME ..... (Name)

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Separated (Mother)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1905

GE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
33	8	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) S. Car.

13. NAME Chester Briscoe (D)

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Mary Fungoro (D)

16. BIRTHPLACE (city or town) (State or country) S. Car.

INFORMANT Edward Cooper
(Address) 3211 Gilmor St

BURIAL, CREMATION, OR REMOVAL
Place Orangeburg S C Date Oct 25 1938

UNDERTAKER Joseph A. Lucky
(Address) 1611 Mount St

FILED 10
21 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 11, 19.38, to October 20, 19.38.

I last saw h.. alive on October 20, 19.38. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

F 51284

284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1463

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Fremont Ave. Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary C. Smejkal

(a) Residence: No. 1123 Fremont Ave. St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph F. Smejkal

6. DATE OF BIRTH (month, day, year) Dec 19, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Louisville Ky.
13. NAME Frank Falkenstein
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Margaret Bush
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Ina Mary Money Doyle
(Address) 1123 Fremont Ave.
18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cemetery Date Oct 24 1938
19. UNDERTAKER Edward W. Carkin & Son
(Address) 924 Lexington St.
20. FILED Oct 24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1938, to Oct 20, 1938.
I last saw her alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr.
Other contributory causes of importance: Senile Exhaustion	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. D. Hayden M. D.
(Address) 3114 Harford Road

285 HEALTH DEPARTMENT—CITY OF BALTIMORE 51285

CERTIFICATE OF DEATH

V115-a

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hosp. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Hart B. Noll

If U. S. Veteran specify WAR

(a) Residence: No. Edmondt City St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella M.

7. DATE OF BIRTH (month, day, and year) Sept 8, 1870

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	18	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Adam Noll

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Elizabeth Shroder

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Ella Noll

(Address) Edmondt city

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Cem Date Oct 23, 1938

19. UNDERTAKER Easton Sons

(Address) Edmondt city.

20. FILED Oct 24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1938 to Oct. 21, 1938

I last saw him alive on Oct. 21, 1938. Death is said to have occurred on the date stated above, at 5:55 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pharyngitis, streptococcic	1938
Septicemia, streptococcic.	1938
Acute mild meningitis, streptococcic	1938
Acute arthritis, left knee, streptococcic	1938
Other contributory causes of importance: Generalized arteriosclerosis	8

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hart Galtrider Jr. M. D.

(Address) University Hospital.

1938

1286 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51286

CERTIFICATE OF DEATH

Registered No. 349-23

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 15-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

FULL NAME Charles Henry Jenniens (36453)

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 27, 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	8	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

10. NAME Daniel Jenniens

12. BIRTHPLACE (city or town) (State or country) Md.

13. MAIDEN NAME Rachael Peters

14. BIRTHPLACE (city or town) (State or country) Md.

15. INFORMANT Hospital Records
(Address)

16. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 10/24 1938

17. UNDERTAKER Thomas E. Pelson
(Address) 1303 Orleans St

18. FILED 10/21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1938, to October 20, 1938

I last saw h... alive on October 20, 1938. Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Feb. 1931

Other contributory causes of importance: over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

51287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred, ... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lillian Forester

If U. S. Veteran specify WAR .....

(a) Residence: No. 2034 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/20/04

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Richard Forester

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Willa Lee

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date 10/22 19 38

19. UNDERTAKER Geo. L. Kelson
(Address) 1303 Presstman St

20. FILED 10/21 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 . 1938 to Oct. 18 . 1938.
I last saw her alive on Oct 18 . 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal calculus, left (S. colic)	1933
Uremia, acidosis	1936
abscess, rt. kidney (operation)	1934
nephrectomy rt, 1934	
left nephrostomies, - 1937	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Henry G Bennett, M. D.

(Address) Johns Hopkins Hosp.

51288 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51288

V140

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Ford

(a) Residence: No. 613 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Dec 21 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: unk.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Elsie Ford

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Mrs Elsie Ford

(Address): 613 N. Chapel St

BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 10/22 38

UNDERTAKER: Thomas E. Kelsey

(Address): 1303 Pressman St

FILED 19 Registrar.

Oct 1938 Transcript for Hallowell, Me.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the existence (Inquest, Autopsy or Inquiry) found that said decedent came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Peritonitis Acute

Date of onset: About Sept 18 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 50 S Augusta St

51289

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51289

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Bsalto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 236-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Scott

(a) Residence: No. 914-23rd St. N.W. Washington D.C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Const.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodbourne Va.

13. NAME Chas. Winston Scott

14. BIRTHPLACE (city or town) (State or country) Lewisburg W. Va.

15. MAIDEN NAME Mary Jenny Leonard

16. BIRTHPLACE (city or town) (State or country) Fordkner Co. Va.

INFORMANT Spencer G. Stewart

(Address) 914-23rd St. N.W. Washington D.C.

BURIAL, CREMATION, OR REMOVAL

Place Ivonbreamatory Oct 21 1938

UNDERTAKER Tilly & Zellerbach

(Address) 405 E. Lexington St.

Huntington Williams, Mgr.

FILED OCT 21 1938

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull by	Oct.
Puncture Frontal Bone	1938
1½" diameter 3/4" deep	
Compound Depressed Fracture	
Due to Infection, Hemorrhage	

Other contributory causes of importance

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 1 1938

Where did injury occur? Side of Albemarle St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell with bicycle

Nature of injury Puncture + Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

1290) HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51290

CERTIFICATE OF DEATH

V 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 3-1 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Georgia Thomas (38009)

(a) Residence: No. 1505 Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) Sept. 12, 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

10. NAME John Brooks

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Ida

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Hospital Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 21 1938
Commissioner of Health

16. UNDERTAKER Per H. A. Moore
(Address)

FILED
21 1938

Registrar

4381

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1938, to October 19, 1938

I last saw her alive on October 19, 1938. Death is said to have occurred on the date stated above, at 11:00 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Sept 1938
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

291 5-8221

Santacrose

F 51291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 3-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME SERAFINO John Santacrose

If U. S. Veteran specify WAR .....

(a) Residence: No. 130 S. High St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/27/38

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Santacrose

14. BIRTHPLACE (city or town) (State or country) Penn -

15. MAIDEN NAME Margaret Marino

16. BIRTHPLACE (city or town) (State or country) U-Y-

INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct 21st 1938

UNDERTAKER Frank Della Nora
(Address) 5 Pratt St

FILED ... 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938 to Oct 21, 1938.

I last saw him alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, broncho.	10/16/38
Staph. septicemia ?	
Empyema & Pericarditis, staph.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray & culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. C. Stiller Jr., M. D.

(Address) Johns Hopkins Hospital

F 51292

1292 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1412 N. Gay St. 8-7 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Glendora Schulz

(a) Residence: No. 1412 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Schulz

DATE OF BIRTH (month, day, year) March-10-1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George H. Schmidt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Anna Hinsch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT George H. Schmidt

(Address) 1412 N. Gay St

BURIAL, CREMATION, OR REMOVAL

Place Bd. Date 10-24- 1938

UNDERTAKER Wm. E. Oliver Inc

(Address) 2435 E. Oliver St

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Oct, 1938

I last saw her alive on Oct. 20, 1938. Death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix of Uterus	Nov. 1937

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Albert J. Himelfarb M. D.

(Address) 5444 Belair Rd.

51293 53744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51293

145-a-123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14 Ward)

birth of residence in city or town where death occurred E. Banks Life How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME RUTH TAYLOR

If U. S. Veteran specify WAR .....

(a) Residence: No. 419 MOSHER ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	MARRIED

If married, widowed, or divorced
HUSBAND of (or) WIFE of AARON T. Taylor

6. DATE OF BIRTH (month, day, year) 5/12/16

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MD.

13. NAME WALTER H. BANKS

14. BIRTHPLACE (city or town) (State or country) MD.

15. MAIDEN NAME WILLIE MAE THOMAS

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT RECORDS
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date 10-22-1938

19. UNDERTAKER John M. Johnson
(Address) 1700 Druid Hill Av.
Huntington Terrace, Md.

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1938, to Oct. 19, 1938.

I last saw her alive on Oct. 19, 1938. Death is said to have occurred on the date stated above, at 2.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Infection	
~~Tuberculosis pulmonalis~~	~~2-yrs-PP~~
Paralytic ileus	10-14-38

Other contributory causes of importance:

Broad Ligament Abscess	4 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline Jackson M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51294

Registered No. 38104 (MH)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ella Amelia Barrett

(a) Residence: No. 1335 E. Lombard St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Joseph Barrett

DATE OF BIRTH (month, day, year) 7/8/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Home)

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Brundage

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Elizabeth Laughlin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 10/22 1938

19. UNDERTAKER Frederick A. Col

(Address) 1200 W. Lombard St

Huntington Williams, Mgr.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17 1938 to October 19 1938.

I last saw her alive on October 19 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10-11-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautlfe M. D.

(Address) Baltimore City Hospitals

H

HEALTH DEPARTMENT—CITY OF BALTIMORE

1295 F 51295

CERTIFICATE OF DEATH

27-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank Wolff

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1135 Mantlcoke St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of / (or) WIFE of

DATE OF BIRTH (month, day, year) 6-27-1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	3	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Frank Wolff

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mary Berger

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 24 19 38

UNDERTAKER Wm Cook
(Address) 129 St Paul St

FILED Oct 25 19 38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1938 to 10-21 1938

I last saw him alive on 10-20 1938 Death is said to have occurred on the date stated above, at 6.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcic Septicemia	10 days
Staphylococcic Abscess Right Hip	8 days

Other contributory causes of importance:

Was an operation performed? yes Date of 10/17/38

For what disease or injury?

Name of operation Drainage Right Hip Joint

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

38

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51296

CERTIFICATE OF DEATH

46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 McKean Ave. Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Alexander Godwin

(a) Residence: No. 918 McKean Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E.

6. DATE OF BIRTH (month, day, year) Sept 18-1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roller Maker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

9. Date deceased last worked at this occupation (month and year) Aug 37

11. Total time (years) spent in this occupation 40

10. BIRTHPLACE (city or town) (State or country) Harford Co Md.

12. NAME Godwin

13. BIRTHPLACE (city or town) (State or country) Unknown

14. MAIDEN NAME Amanda Swift

15. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Marie E. Godwin

(Address) 918 McKean Ave

BURIAL, CREMATION, OR REMOVAL

Place Western Date 10/22/38

UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED Huntington Williams, Registrar

1938

MEDICAL CERTIFICATE OF DEATH 10:53 PM

21. DATE OF DEATH (month, day, year) Oct 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1938, to Oct 19, 1938

I last saw him alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Aug 37
Other contributory causes of importance	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) [illegible] M. D.

(Address) 1179 W. Lord Baltimore St

F 51297

1297 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-2

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3504 Greenspring Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR No Record

2. FULL NAME Michael Buckheit
(a) Residence: No. 3504 Greenspring Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie L. Buckheit

DATE OF BIRTH (month, day, year) Feb 16th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lighting Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lafayette Lumber Co
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 35

7. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Adam Buckheit
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Elizabeth Ripson
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Margaret Buckheit
(Address) 3504 Greenspring Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Oct 24 1936
19. UNDERTAKER Geo Cook
(Address) 1217 St. Paul St.
20. FILED Oct 24 1936 Herman Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1936
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Attorney or Inquiry) thereon and from the evidence obtained by said (Inquest, Attorney or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Cardio Vascular Degeneration — Date of onset Past 2 Years

Other contributory causes of importance:

Was an operation performed? — Date of
For what disease or injury
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Evans, M. D. Coroner
(Address) 612 N 40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51298

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred, yrs. 1 mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charlotte Kelley

(a) Residence: No. Fairmount West Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-5-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	16 47	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Fairmont W. Va.

13. NAME Howard Kelley

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME Charlotte Schmidt

16. BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL. Place Fairmont, W. Va. Date 10/22/38

UNDERTAKER (Address) F. J. Fanning & Son 1988 E. Lafayette Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938 to Oct 21, 1938

I last saw her alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 2101 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diaphragmatic hernia	Birth
Repair of diaphragmatic hernia	9-30-38
Bepi Cardia	? 10-28-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-30-38

For what disease or injury? Diaphragmatic hernia

Name of operation Repair of diaphragmatic hernia

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry B. Goldberg M. D.

(Address) Johns Hopkins Hosp.

938

H

299

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51299

CERTIFICATE OF DEATH

95-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 326 N. Pulaski Street St., 20 Ward)

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary J. Bond

(a) Residence: No. 326 N. Pulaski Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of John B. Bond

7. DATE OF BIRTH (month, day, year) July 8, 1850

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	3	12	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. @ Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

11. Date deceased last worked at this occupation (month and year) -0- 12. Total time (years) spent in this occupation ----

13. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

14. NAME John W. Graves

15. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

16. MAIDEN NAME Mary L. Jones

17. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

18. INFORMANT Mrs. Nettie J. Woodburn

(Address) 326 N. Pulaski Street

19. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem. Md. Date Oct. 22-38

20. UNDERTAKER C. F. Bickel & Son

(Address) 1300 EAST PLACE

21. FILED 1938 Huntington Pettigrew, Md. Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1927, to Oct 20, 1938

I last saw h[illegible] alive on Oct. 20, 1938. Death is said to have occurred on the date stated above, at 8:30 A. M.

The principal cause of death and related causes of importance were as follows:

Arteria-arteriotic Cardio Vascular Disease. — Date of onset —

Other contributory causes of importance:

Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) D. Cullen Loughlin M. D.

(Address) 400 N. Poplar St.

1300 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 51300

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH 3257 Washington Ave

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 27-17

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Edward Spencer

(a) Residence: No. 3257 Washington St., Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Elizabeth Spencer

6. DATE OF BIRTH (month, day, year) May 12, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Joseph Henry Spencer

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

15. MAIDEN NAME OF MOTHER Sarah Hollis Arrington

16. BIRTHPLACE (city or town) (State or country) Union Wilson Co. Tenn

17. INFORMANT Wife
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery Date Oct 22, 1938

19. UNDERTAKER Edmondson & Nice
(Address) 3615 Edmondson Ave

20. FILED Oct 22 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938 to Oct. 20, 1938

I last saw h alive on Oct. 14, 1938. Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteolytic Sarcoma Ilium	3/1/38
Lyt. & Multiple Metastases	
Contributory Cancer	

Was an operation performed? Yes Date of 3/13/38

For what disease or injury? Sarcoma Ilium

Name of operation Biopsy

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) Milton G. Lang, M. D.

(Address) Johns Hopkins Hospital

1938

14

1301 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51301

CERTIFICATE OF DEATH

59 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Joseph S. Cloonan

(a) Residence: No. 1319 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1, 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - B.O.R.R.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Patrick W. Cloonan

13. BIRTHPLACE (city or town) (State or country) Baltimore Md.

14. MAIDEN NAME Mary J Noon

15. BIRTHPLACE (city or town) (State or country) Baltimore Md.

16. INFORMANT Mrs. Cloonan
(Address) 1510 E. Fort Ave.

17. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/24 1938

18. UNDERTAKER Margaret F. Flynn
(Address) 2602 E. Fallsway

19. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1938, to Oct. 20, 1938

I last saw him alive on Oct. 20, 1938. Death is said to have occurred on the date stated above, at 6 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	10/8/38
Pyohemia	10/1/38
Diabetes mellitus	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tunstall M. D.

(Address) St. Joseph's Hosp.

H

51302 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51302

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1123 S. Lakewood Ave. St., 1-4 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME CATHERINE KOCH GOUGH

If U. S. Veteran specify WAR

(a) Residence: No. 1123 S. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: William W. Gough

DATE OF BIRTH (month, day, year): Feb. 27. 1870

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68	7	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

9. BIRTHPLACE (city or town) (State or country): Baltimore

10. NAME: Lenhardt Koch

11. BIRTHPLACE (city or town) (State or country): Germany

12. MAIDEN NAME: Louisa Bohn

13. BIRTHPLACE (city or town) (State or country): Germany

14. INFORMANT: Mr. William W. Gough (Husband)
(Address) 1123 S. Lakewood Ave.

15. BURIAL, CREMATION, OR REMOVAL: Carmel Cem. Oct. 24. 1938
Place Date 19

HENRY SANDER & SONS, INC.
UNDERTAKER
(Address) Baltimore & Broadway.

FILED OCT 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1936 to Oct 20 1938

I last saw her alive on Oct 20 1938 Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2 yrs
Other contributory causes of importance:	
Chronic Nephritis	1 yr

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. F. Long M. D.

(Address) 607 N. Howard St.

EKL

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51303

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 Homewood Avenue St. 9-8 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Minnie R. Baitz

(a) Residence: No. 2145 Homewood Avenue St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Baitz

6. DATE OF BIRTH (month, day, year) May 25th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lauterberg Germany

13. NAME Henry Ahrendt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte Jordan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Robert W. Baitz

(Address) 2145 Homewood Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Ceme. Date Oct. 22 19 38

19. UNDERTAKER Henry Sander & Son, Inc Lic. F. Sander

(Address) Baltimore St. & Broadway

20. FILED 10-22 1938 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 38 to Oct 20 19 38

I last saw h. alive on Oct 19 19 38. Death is said to have occurred on the date stated above, at 3:10 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Oct 1 1938
Urinary incontinence	
infected kidney pelvis	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Shikaryard M. D.

(Address) 165 E Eager St

304 E 51304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Kenwood Ave. St., 1-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME HENRY W. BUTSCHKY

(a) Residence: No. 525 S. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Butschky

DATE OF BIRTH (month, day, year) Mar. 20. 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co.

10. Date deceased last worked at this occupation (month and year) July, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Butschky

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Henrietta Bergan

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs. Minnie Butschky (Wife)

(Address) 525 S. Kenwood Ave.

BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. Date Oct. 22, 1938
Place

UNDERTAKER HENRY SANDER & SONS, INC. Henry F. Sander

(Address) Baltimore & Broadway.

FILED ..... 19..... Registrar.

OCT 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 – 1938 to Oct. 19 1938

I last saw h[im] alive on Oct 19 1938 Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Zeller M. D.

(Address) 729 Eastern Ave

Huntington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51305

CERTIFICATE OF DEATH

108 F 51305

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Welcome Al. St. 22-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Jos. Logan Jr.

(a) Residence: No. 507 Welcome Al. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 6, 1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jos. Logen

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mamie Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mamie Logen

(Address) 507 Welcom Al.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10/22/38 19

19. UNDERTAKER Isaac L Burns & Son

(Address) 1218 Pennsylvania Ave Huntington Portsmouth, Ohio

OCT 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry did find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	:
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) ... M. D.

Coroner

(Address) 2757 W. Mrs

1306 HEALTH DEPARTMENT—CITY OF BALTIMORE 1306

CERTIFICATE OF DEATH

178-a Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1931 E 32nd st St., 9-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR.

2. FULL NAME Alvina Carolina Nolte
(a) Residence: No. 1931 E 32nd st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Nolte

DATE OF BIRTH (month, day, year) 11-3-1913

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME Edward Schauman

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT August Nolte
(Address) 1931 E 32nd st

18. BURIAL, CREMATION, OR REMOVAL
Place Forbwood Date 10-24-38

19. UNDERTAKER Leonard J Roach
(Address) 5305 Harford Rd
Huntington Williams, Nurse

22 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20-38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning (Illuminating gas)	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Xmas Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/20/, 1938
Where did injury occur? Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fainted + fell against gas
Nature of injury Burns + general effects instantly

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber Coroner M. D.
(Address)

307

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51307

CERTIFICATE OF DEATH

OGK--3814 46-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-3 Ward)

33

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

FULL NAME Thomas Means

(a) Residence: No. 19 S. Schroeder St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie (D)

DATE OF BIRTH (month, day, year): Unknown 1867

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
~~Of~~	71	~~90~~		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Pension from B & O RR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 13

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): S.C.

13. NAME July

14. BIRTHPLACE (city or town) (State or country): S.C.

15. MAIDEN NAME Nancy

16. BIRTHPLACE (city or town) (State or country): S.C.

INFORMANT: City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 24, 1938

UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St

FILED JUL 22 1939 19.. Huntington Williams REGISTRAR.

GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 20 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1938 to 10-20, 1938

I last saw him alive on 10-20, 1938 Death is said to have occurred on the date stated above, at 1155 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pylorus	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

N.Y.

F 51308

308 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

3407-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto. City Hospt. St. 18-2 Ward)

gth of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR

FULL NAME Andrew Moore

(a) Residence: No. 214 Arlington Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel

DATE OF BIRTH (month, day, year): 9-14-1888

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Andrew Moore

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Clara

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 24, 1938

UNDERTAKER Mrs Katie R Williams
(Address) 3220 Belvidere Ave.

FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1938, to 10-20, 1938

I last saw him alive on 10-19, 1938. Death is said to have occurred on the date stated above, at 5:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lung with metastasis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed) L. A. Woodward Jr. M. D.

(Address) Balto city Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51309

121 F 51309

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp. St. 18-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Purnell Brown Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 923 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	INFANT

If married, widowed, or divorced
WIFE of
(or) HUSBAND of

DATE OF BIRTH (month, day, year) 3/23/36

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	2	6	2 5/24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Purnell Brown Jr.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cora Norman

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT (Address) Purnell Brown 946 W Franklin

BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Oct 22nd, 1938

UNDERTAKER (Address) Eliz Ottenberg 1622 Brentwood

Filed OCT 22 1938 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19. 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/18 1938 to 10/19 1938

I last saw him alive on 10/19 1938 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	10/17
& streptococcic peritonitis	10/16

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Dr Edgar J. Wells M. D.

(Address) University Hospital

51310

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51310

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital (Name)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. days How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carl E. Newman

If U. S. Veteran specify WAR

(a) Residence: No. 5 Ferry St Lubec Maine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cecelia Newman

DATE OF BIRTH (month, day, year) 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Allison Newman

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Cecelia Newman

(Address) Lubec Maine

18. BURIAL, CREMATION, OR REMOVAL

Date 10/22 1938

19. UNDERTAKER Fabian Miller Inc.

(Address) 1433 [redacted] St.

OCT 22 1938 Huntington Williams, N.Y.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and (from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry)) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Date of injury Oct. 20, 1938, 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry Pitts & Sons, Key Highway & Boyle St.

How did injury occur? Working on Scaffold Rope catches Hook on Tail Gate of Truck throws him from Scaffold

24. I saw deceased from Oct. 20, 1938 to Oct. 20, 1938

(Signed) [redacted] M. D.

(Address) 2737 Wilkens Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51311 | 131 | 3710 | F 51311

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Gertrude Collins

(a) Residence: No. 1140 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

DATE OF BIRTH (month, day, year) 4-28-1874

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	5	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Frederick Johnson

14. BIRTHPLACE (city or town) (State or country) Miss.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 22 1938

UNDERTAKER Archibald Gaddes
(Address) 2100 Mc Culloh St

FILED OCT 22 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1938, to October 19, 1938

I last saw her alive on October 19, 1938 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. de Sanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

51312

CERTIFICATE OF DEATH

131 F 51312

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 West 38th St. Brust 13-7 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachel Anna Brown

(a) Residence: No. 1108 West 38th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Brown

DATE OF BIRTH (month, day, year) March 23-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME Ford Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Ellen Caslin

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT L. P. Brown

(Address) 1108 W. 38 St.

18. BURIAL, CREMATION, OR REMOVAL Healey Cradle Date Oct. 23 1938

19. UNDERTAKER J. H. Marshall

(Address) 35 29 Huntington Ave

20. FILED OCT 22 1938 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935 to October 20 1938

I last saw her alive on October 20 1938 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1933 ?
arteriosclerosis	
Chronic myocarditis	1935
Pulmonary edema	1938
Other contributory causes of importance:	
abdominal hernia	1930
Chronic Cystitis	1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wesley Edel M. D.

(Address) 3403 Garrison Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

313 — 51313

CERTIFICATE OF DEATH

46 E

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 S. Charles St., 23-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

FULL NAME Charles H. Hooper

(a) Residence: No. 1523 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
WIFE of (or) HUSBAND of Marie Hooper

DATE OF BIRTH (month, day, year) March 18, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Independent Taxi Operator

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi Business (Cab) 102

8. Date deceased last worked at this occupation (month and year) Oct. 18, 1938

11. Total time (years) spent in this occupation 6 yrs.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George T. Hooper

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Louisa Schneider

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Marie Hooper (Wife)

(Address) 1523 S. Charles St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Oct 24 1938

UNDERTAKER A. Howard Evans

(Address) 1400-02 S. Charles St.

OCT 22 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938 to Oct 21, 1938

I last saw h[illegible] alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at 6 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	3
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Hx + Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Lilly, M. D.

(Address) 3517 Edmondson

D. P. 1268-9

F 51314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 Fortune St., 14-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry B. Kelly,

(a) Residence: No. 2017 Eutaw Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 14 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jno J. Kelly

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Catherine T. Corcoran

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Lillian Schwartz

(Address) 2017 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 10/24/38

19. UNDERTAKER Chas. T. Haas & Son Inc.

(Address) 115 W. Mt. Royal Ave Huntington Building, Md.

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct 21 1938

I last saw him alive on Oct 21 1938 Death is said to have occurred on the date stated above, at 7.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Franklin Sq. Hosp

F 51315

1315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 32-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Eigenman

(a) Residence: No. 135 S Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX —

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 24-1937

AGE: Years — Months 9 — Days 25 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Bond

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Eigenman Jr

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elizabeth McDuffy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Evelyn Eigenman

(Address) 135 S Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 22 1938

19. UNDERTAKER Robert E Williams

(Address) 1515 McCulloh St

20. FILED ... 19... Registrar

Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Oct 18 1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Keller M. D.

Address 5 E Saratoga St

F 51316

1316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Orleans St. 6-5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Albert Coleman

(a) Residence: No. 1608 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Maggie Coleman

DATE OF BIRTH (month, day, year): 00— 1874

AGE: Years 64 | Months — | Days — | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Robert Chester

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Leah Coleman

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Emma Coleman 1608 Orleans St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Cem Date Oct 22 38

19. UNDERTAKER (Address): Robert E. Williams 1515 McCulloh St

20. FILED: Huntington Williams Asst 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 17, 1938

22. I HEREBY CERTIFY, That I took charge of the case described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) adduced at said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

(a) Sub Arachnoid Hemorrhage

Fractured Skull

Other contributory causes of importance:

Date of onset: Oct 17 1938

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Hastings there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 17, 1938

Where did injury occur? Fell down stair at 1608 Orleans

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down stairway & was found 4 days later with hemorrhage.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph L. Allen M. D.

Coroner

(Address) 606 Fairmount Ave

F 51317

317 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 N. Ellwood Ave St., 6-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary E. Krieger

(a) Residence: No. 135 W. Ellwood Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Krieger

6. DATE OF BIRTH (month, day, year) May 18-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Adolph Krieger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Buehl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Roche

(Address) 135 W. Ellwood Av

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Carmel Cem Date Oct. 14 1938

19. UNDERTAKER John A. McCann

(Address) 3000 E. Balto. St.

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-38, 19, to 10/12/38, 19

I last saw h alive on 10/10/38, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Terminal Pneumonia 10/38

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

(Address) 7013 Belair Rd

938

318

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51318

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Md. General Hosp. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Linden Ave & Madison St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank N. Maranto If U. S. Veteran specify WAR .....

(a) Residence: No. 3433 Greenmount ave St., 9 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 25, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Charles Maranto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Cangelosi

16. BIRTHPLACE (city or town) (State or country) near New Orleans La

17. INFORMANT Charles P. Maranto

(Address) 3433 Greenmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 21, 1938

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St

20. FILED Oct 19 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-5- 1938 to 10-20 1938

I last saw him alive on 10-20 1938 Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-pneumonia	10-8-38
Secondary anemia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. F. Kuhlmann M. D.

(Address) Md Gen Hosp

51319

HEALTH DEPARTMENT—CITY OF BALTIMORE

51319

CERTIFICATE OF DEATH

✓ 124-a

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. St., 1 - 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

FULL NAME Arthur H. Foster

(a) Residence: No. 842 Park Ave., Baltimore, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Lynch

DATE OF BIRTH (month, day, year) October 16, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	-	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Utica, N.Y.

12. NAME William Foster

14. BIRTHPLACE (city or town) (State or country) Durhamville New York

15. MAIDEN NAME Nancy Britt

16. BIRTHPLACE (city or town) (State or country) Higginsville New York

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL Place Date Oct 22nd 1938

UNDERTAKER Wm. J. Dickson & Son
(Address) Baltimore

Huntington Williams Mgr.

FILED OCT 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1938, to October 21, 1938.

I last saw him alive on October 21, 1938 Death is said to have occurred on the date stated above, at 7:03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, Atrophic.	Unknown
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Baltimore

51320 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51320

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH US Marine Hospital Wyman Drive and 31st St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

Length of residence in city or town where death occurred 35 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World War

FULL NAME James J. Robb

(a) Residence: No. Essex Road Pikesville Md. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of ~~WIFE~~ Mrs. James J. Robb

DATE OF BIRTH (month, day, year) Dec 14, 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	10	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nursing Home

8. Date deceased last worked at this occupation (month and year) Sept. 16, 1938

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Robb

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Clara Dotterweich

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Katherine Robb

(Address)

BURIAL, CREMATION, OR REMOVAL

Place ... Date Oct 26, 19...

UNDERTAKER

(Address)

FILED Huntington Williams

OCT 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938 to Oct 23, 1938

I last saw him alive on Oct 23, 1938. Death is said to have occurred on the date stated above, at 12:03 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cause Arteriolar Sclerosis	
Nephrosclerosis	Oct 20
Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) T.B.H. Anderson M.D. M. D.

(Address) U.S. Marine Hospital Wyman Park Drive + 31st St. Baltimore Md.

51321 HEALTH DEPARTMENT—CITY OF BALTIMORE 51321

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3035 Harlen Ave. St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara C. Abell

If U. S. Veteran specify WAR

(a) Residence: No. 3035 Harlen Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Abell

6. DATE OF BIRTH (month, day, year) April 10, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER W. F. Hickman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Louisa Schultheis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George A. Abell

(Address) 3035 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cemetery Date Oct. 22/38

19. UNDERTAKER Harry H. Leitch

(Address) 4201 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1938 to Oct 20, 1938

I last saw h[illegible] alive on Oct 20, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion with Chronic Myocarditis	1937
Other contributory causes of importance	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Steth Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Willard S. Faron, M. D.

(Address) Hale Thorpe Md

3-1939

Funeral Director F51319

O.K. Paul Schreiber, M.D.

1322 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51322

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 708 Winston ave St., 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolina Augusta Kalbow

If U. S. Veteran specify WAR NONE

(a) Residence: No. 708 - Winston ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: William Kalbow

6. DATE OF BIRTH (month, day, year): July 2, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: John Jacob Yoe ?

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Louisa C. Roessler

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Harry C. Kalbow (son)

(Address) 708 Winston ave.

BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Date: Oct 27, 1938

UNDERTAKER: STEWART & MOWEN COMPANY

(Address): (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED: Oct 23 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938 to Oct 21, 1938

I last saw h. w alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	1930
Chron Ml Nephritis	1930
Arteriosclerosis	1930
Other contributory causes of importance: Acute Cardiac Dilatation	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury: , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop M. D.

(Address) 581 Sheridan Av.

Moiles

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51323

323

CERTIFICATE OF DEATH

PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

FULL NAME James Moiles

(a) Residence: No. 434 Pitman Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma Moiles

DATE OF BIRTH (month, day, year) April 6th 1910

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good Market

10. Date deceased last worked at this occupation (month and year) October 1938

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James Moiles

14. BIRTHPLACE (city or town) (State or country) ? Mass

15. MAIDEN NAME Margie Ross

16. BIRTHPLACE (city or town) (State or country) ? Md

INFORMANT Thelma Moiles

(Address) 434 Pitman Place

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Oct 25th 1938

UNDERTAKER Wm Cook

(Address) 1207 E. Pratt St

Oct 31 1938 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938 to Oct 22 1938

I last saw him alive on Oct 22 1938 Death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance are as follows:

Acute Suppurative Appendicitis with Perforation and peritonitis — Date of onset 10-17-38

Other contributory causes of importance:

Toxic Nephritis

Hypostatic Pneumonia

Was an operation performed? Yes Date of 10-17-38

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) S. Edwin Muller M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

51324

CERTIFICATE OF DEATH

√ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4718 Alhambra Ave 27-10 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Krueneuel

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4718 Alhambra Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Gustav Krueneuel

6. DATE OF BIRTH (month, day, year) Oct 1st 1866

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Etta Pinkerton

(Address) 4718 Alhambra Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 24th 1938

18. UNDERTAKER Wm Cook

(Address) 217 St Paul St

Date Oct 23 1938 Huntington Williams, Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934, to Oct 21, 1938.

I last saw ~~him~~ her alive on June 14, 1938 Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Arterio-Sclerosis	1932
Other contributory causes of importance:	
Cerebral Hemorrhage	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Tracy M. D.

(Address) 3522 Greenmount Ave.

51325 HEALTH DEPARTMENT—CITY OF BALTIMORE 51325

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hospital St. 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen White

If U. S. Veteran specify WAR

(a) Residence: No. 2027 Herbert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 13th 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Alfonso L. White

14. BIRTHPLACE (city or town) (State or country) Roanoke Va

15. MAIDEN NAME Meryl Mitchell

16. BIRTHPLACE (city or town) (State or country) Lisbon Falls Me

INFORMANT Alfonso White
(Address) 2027 Herbert St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 24th 1938

UNDERTAKER Wm Cook
(Address) 1217 E Biddle St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1938, to 10-21, 1938.

I last saw her alive on 10-21, 1938. Death is said to have occurred on the date stated above, at 545 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendicitis	10/15

Other contributory causes of importance:
None

Was an operation performed? Yes Date of 10/17/38

For what disease or injury? Appendicitis

Name of operation Drainage peritoneum

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

OCT 23 1938

51326

HEALTH DEPARTMENT—CITY OF BALTIMORE

51326

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4706 Bayone Ave. St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Chas. Oehm

(a) Residence: No. 4706 Bayone Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Ehem Oehm

DATE OF BIRTH (month, day, year) May 2 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gas

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Oehm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Cath. Heuroder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frances Oehm

(Address) 4706 Bayone Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Oct. 23 1938

19. UNDERTAKER Louis Heimann and Son

(Address) 32 S. Broadway

FILED 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1938 to Oct 20, 1938

I last saw h[illegible] alive on Oct 20, 1938. Death is said to have occurred on the date stated above, at 1.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastritis.	Oct 16-38
Coronary occlusion	Oct 17-38
Other contributory causes of importance:	
Acute pulmonary oedema	Oct 19-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Richard, M. D.

(Address) 4116 Harther Parkway

327

F 51327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 N. Saratoga St. 20-1 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna R. RITTMEYER

(a) Residence: No. 1827 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F-M.	WHITE	MARRIED

6. If married, widowed, or divorced HUSBAND of (or) WIFE of JOSEPH F RITTMEYER

DATE OF BIRTH (month, day, year) October 28 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

13. NAME LOUIS J RENNERT

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

15. MAIDEN NAME SOPHIA ZINKAND

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

17. INFORMANT SOPHIA RENNERT (MOTHER)
(Address) 1827 N Saratoga St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Date 10/25 1938

19. UNDERTAKER BERNARD C HARLE
(Address) 121 E WEST. ST.

20. FILED 19 Registrar

OCT 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5 1937, to Oct-21 1938. I last saw h. alive on Oct-21 1938. Death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis Hypertension	

Was an operation performed? Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James A Lyon M. D.

(Address) 721 Medical Arts

F 51328

HEALTH DEPARTMENT—CITY OF BALTIMORE

1328 CERTIFICATE OF DEATH 37895 Registered No. 24-3-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Larkin

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/4/1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Helen Patterson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Co. Date 10-23 1938

19. UNDERTAKER John P. Foley & Sons
(Address) 318 E. Lexington St.

20. FILED 23 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10 1938 to October 17 1938

I last saw him alive on October 17 1938 Death is said to have occurred on the date stated above, at 3:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. de Lautelle M. D.

(Address) Baltimore City Hospitals

51329) E 51329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34J-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Thomas Connolly (12552)

(a) Residence: No. No Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 30 ? 1

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Adt. 68		20.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Unknown?

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Interred Loudenslager Date 10/23 1938

UNDERTAKER John J. Fahey & Sons
(Address) 1360 Light St.

FILED ..... 19 ..... by ..... Registrar.

23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1938 to October 20, 1938

I last saw h in alive on October 20, 1938 Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Mar. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Custer M. D.

(Address) Balto. City Hospitals

51330

HEALTH DEPARTMENT—CITY OF BALTIMORE

51330

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., (Ward) 10

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Stebbins

(a) Residence: No. 888 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28 1938

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Delbert Stebbins

14. BIRTHPLACE (city or town)
(State or country) Kansas

15. MAIDEN NAME Florence Oakes

16. BIRTHPLACE (city or town)
(State or country) Virginia

INFORMANT Delbert Stebbins
(Address) 888 W. Fayette St

17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 24th, 1938

18. UNDERTAKER J. H. Amoroso
(Address) 202 N. Eutaw St

19. FILED Oct 24 1938 [illegible] Registrar

23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1938, to 10-22, 1938

I last saw him alive on 10-22, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2wks.
Bronchopneumonia	5 days.

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G. Tell M. D.

(Address) Sydenham Hospital

331 HEALTH DEPARTMENT—CITY OF BALTIMORE 51331

CERTIFICATE OF DEATH

66-a

. PLACE OF DEATH Maryland General Hospital

TY OF BALTIMORE: (No. ..... St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Mrs Florence B. Piper

If U. S. Veteran specify WAR .....

(a) Residence: No. 2620 Maryland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/12/1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Burrell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Martin

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Gayle Piper

(Address) 2620 Maryland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 24. 1938

UNDERTAKER Chas. J. Mitchell & Son

(Address) 1900 Eutaw Place

FILED ..... 19.....

Registrar.

Pennington Heights, N.J.

23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1938, to 10/22, 1938

I last saw her alive on 10/22, 1938 Death is said to have occurred on the date stated above, at 1:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic degeneration of Colloid Goitre	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10/21/38

For what disease or injury? Cystic degen. of Colloid Goitre

Name of operation Thyroidectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Beauchamp Jr. M. D.

(Address) Md. Gen. Hosp.

F 51332

1332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Bolton Street St. 14-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susannah J. Meredith

(a) Residence: No. 1606 Bolton Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 30, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	----	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Micajah Meredith

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

15. MAIDEN NAME Mary E. Garrison

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Melvin Richardson
(Address) 1606 Bolton Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 24 1938

19. UNDERTAKER John C. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place.

20. FILED Oct 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1938 to Oct 21st 1938

I last saw her alive on Oct 21st 1938. Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage Cardiovascular Renal with hypertension. Chronic myocarditis	7 yrs.
Other contributory causes of importance: Acute pulmonary oedema with cardiac dilatation & failure.	Oct 20th 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Lumsden L. Keene M. D.

(Address) 1938 Linden Ave

51333 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51333

CERTIFICATE OF DEATH X 44-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4 W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME JAMES HEBB

If U. S. Veteran specify WAR .....

(a) Residence: No. LEONARDTOWN MD. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T Hebb

6. DATE OF BIRTH (month, day, year) Dec 8, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Hebb

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Tarsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary T Hebb

(Address) Huntingtown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Huntingtown Md. Date 10 23 1938

19. UNDERTAKER R B Tolliver

(Address) Huntingtown, Md.

20. FILED Huntingtown Maryland, 1938 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 10/22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/8/, 1938, to 10/22, 1938

I last saw h.M. alive on 10/22, 1938. Death is said to have occurred on the date stated above, at 2.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TULAREMIA	9/28/38
BRONCHOPNEUMONIA	
PLEURAL EFFUSION, RIGHT	
PERICARDIAL EFFUSION	

Other contributory causes of importance:

FIBROUS PLEURITIS, LEFT

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Everett V Tregoe M. D.

(Address) UNIVERSITY HOSPITAL

Reven Adams

F 51334

1334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1938-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 6-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Reven C. Adams

(a) Residence: No. 403 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie M. Adams

6. DATE OF BIRTH (month, day, year) June

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pelleck Mills Md.

FATHER

13. NAME Charles C. E. Adams

14. BIRTHPLACE (city or town) (State or country) Pelleck Mills Md.

MOTHER

15. MAIDEN NAME Henrietta E. Holiday

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Elsie M. Adams 403 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL Place Antrim Memorial Park Date Oct 24 38

19. UNDERTAKER (Address) Robert E. Wilkinson 1515 N. Eutaw St

CT 23 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	Oct 20, 38
Crushed Abdomen	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 19

Where did injury occur? Foot of Clinton St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Electric shovel fell on chest & abdomen

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was working on electric shovel

(Signed) Samuel B. Wolfe Coroner M. D.

(Address) 1331 E. North Ave

✓ F 51335

51335 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

Registered No. 25-5

CITY OF BALTIMORE: (No.) Hospital for the Women of Maryland (Ward) RADA

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rada Lambert Howard

If U.S. Veteran specify WAR

(a) Residence: No. 1623 Cereal St., Curtis Bay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Linville A Howard

7. DATE OF BIRTH (month, day, year) June 1, 1903

ACE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Millcreek W. Va.

13. NAME John Lambert

14. BIRTHPLACE (city or town) (State or country) Preston County W. Va.

15. MAIDEN NAME Rachel Currence

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Linville A Howard
(Address) 1623 Cereal St

18. BURIAL, CREMATION, OR REMOVAL Millcreek W. Va. Date Oct 25 1938

19. UNDERTAKER Robt C & B. M. Walters
(Address) Potts & Stricker Inc Huntington Williams, N.Y.

OCT 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1938 to Oct. 22, 1938

I last saw h er alive on Oct. 22, 1938 Death is said to have occurred on the date stated above, at 8:18 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, right lower lobe.	10-19-38

Other contributory causes of importance:

Was an operation performed? Yes. Date of Oct. 15, 1938

For what disease or injury? Acute cholecystitis & cholelithiasis.

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. Houghton Hooker M. D.

(Address) Women's Hosp., Balto., Md.

D. B 1268-9

✓ F 51336

51336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy M. Conway

If U. S. Veteran specify WAR

(a) Residence: No. Bowie, Md - R.F.D. 145 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	✓

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) October 13, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Bowie, Md.

13. NAME George W. Conway.

14. BIRTHPLACE (city or town) (State or country) Little Falls N.Y.

15. MAIDEN NAME Lucy Weeks.

16. BIRTHPLACE (city or town) (State or country) Manchester, Ky.

17. INFORMANT Mr George W. Conway

(Address) Bowie, Md. R.F.D. 145

18. BURIAL, CREMATION, OR REMOVAL

Place Capitol Memorial Park Date 10/25/38 19

19. UNDERTAKER Thomas D. Pugliese

(Address) New Burnie, Md.

Oct 23 1938 Filed Oct 25 1938

(Signed) Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) October 23 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Samuel B Wolfe Coroner M. D.

(Address) 1331 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51337

1337

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MRS. LULU JOHN HANN

(a) Residence: No. 5210 BEAUFORT AVE, Dimlico St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Norman Hann.

DATE OF BIRTH (month, day, year) Dec. 8, 1887

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	50	10	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME WILLIAM JOHN

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME MARY LIZZIE HOFFMAN.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weikersheim Cemetery Date Oct. 25, 1938

19. UNDERTAKER C. M. Waltz
(Address) Mansfield Ind.

20. FILED Oct 23 1938 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1938, to Oct. 23, 1938.

I last saw her alive on Oct. 23, 1938. Death is said to have occurred on the date stated above, at 11 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	10-8-38
Carcinoma of colon	unknown
Other contributory causes of importance:	
Endometritis	unknown

Was an operation performed? yes Date of Oct. 21, 1938.

For what disease or injury? Carcinoma of sigmoid flexure

Name of operation Exploratory laparotomy, Sigmoidectomy, Colostomy

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilbur L. Brooke M. D.

(Address) Mercy Hospital

F 51338

51338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Mem Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Willis Gemmell
(a) Residence: No. Freeland Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) Feb 7 1934
7. AGE: Years 4; Months 8; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER
13. NAME Geo R. Gemmill
14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER
15. MAIDEN NAME Treava May Henry
16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Geo R. Gemmill
(Address) Freelands Md.

18. BURIAL, CREMATION, OR REMOVAL Balto Co
Place Reckeysville Date Oct 26, 1938

19. UNDERTAKER Longnecker & Son
(Address) Govans Md

REGISTERED 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came death by said
I last saw deceased alive on the day stated above, and
death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Death due to 3d degree Burnsss. — Date of onset 10/24/38

Other contributory causes (importance): Ignited Clothes from matches

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 10-24, 1938.
Where did injury occur? Freeland Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Freeland Md.
Manner of injury Playing matches
Nature of injury Burned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Crain M. D. Coroner
(Address) 612 N 40

1339 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51339

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Laura S. Fanton

If U. S. Veteran specify WAR

(a) Residence: No. 11 Lake Ave Catherine Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced WIFE of Hattie Fanton

7. DATE OF BIRTH (month, day, year) July 17, 1891

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John F. Fanton

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Emaline Mc Gee

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT John Fanton

(Address) Towson md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 25 1937

19. UNDERTAKER Chenowith & Son

(Address) 365-7 Cathedral Ave.

20. FILED 19 Registrar.

Oct 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1937 to October 2, 1937

I last saw her alive on October 2 1937 Death is said to have occurred on the date stated above, at 1 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Failure of heart	
Chronic Nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Crumpt M. D.

(Address) St. Josephs Hosp

F 51340

51340 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH √ 210 M

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 16-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Vet. specify WAR No Record

2. FULL NAME Andrew Anderson
(a) Residence: No. 2409 W. Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of Sophia Mary nee Johanson Anderson

6. DATE OF BIRTH (month, day, year) July 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (J. W. Bruedrer)
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER
13. NAME Bengt Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden
15. MAIDEN NAME Gunnilda Olson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT John Anderson
(Address) 3900 Hudson St

18. BURIAL, CREMATION, OR REMOVAL
Place Edgewood Date 10/24/38

19. UNDERTAKER Wm Lee Sons & Co
(Address) 1217 E. Baltimore St

FILED OCT 24 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of Body, Shock	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Trident Oct. 22, 1938, 19
Where did injury occur? Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Knocked by an Automobile
Nature of injury Crossing Gay St. At Balto. St.

24. Was disease or injury in any way related to occupation of deceased? Struck by Auto.
If so, specify

(Signed) A. J. Stellen M. D.
Coroner
(Address) 2757 W. Pratt

341 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 51341

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5219 Linden Heights St. Apt 7-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Audrey Ellsworth Rollings

(a) Residence: No. 5219 Linden Heights St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ...

DATE OF BIRTH (month, day, year) Sept 11th 1901

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	1	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Charles A. Rollings

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rose Christy

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Rose Rollings

(Address) 5219 Linden Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date 10/24/38

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED OCT 24 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1937, to Oct 21, 1938

I last saw her alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at ... P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	Dec 37
Metastases to left lung	

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 7/37

For what disease or injury? Carcinoma of L breast

Name of operation Amputation of L breast

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. G. Jones M. D.

(Address) 2818 St Paul St

51342 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51342

CERTIFICATE OF DEATH

148

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 E Henrietta St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Crouch

If U. S. Veteran specify WAR No Record

(a) Residence: No. 38 E Henrietta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John W. Crouch

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna May Crouch

(Address) 38 E. Henrietta St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 24th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED Huntington Williams, Asst.

OCT 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1938, to Oct 23, 1938

I last saw her alive on Oct. 23, 1938. Death is said to have occurred on the date stated above, at 2:1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus and adjacent pelvic organs	June, 1938
Other contributory causes of importance: Gangrene of the Left Leg	Oct, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Silverton M. D.

(Address) 827 Light St.

51343 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51343

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Pennsylvania AVE St., 14 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kreigenhofer. If U. S. Veteran specify WAR

(a) Residence: No. 1536 PENNSYLVANIA AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Georg Kreigenhofer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Veronica Imhoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Veronica Kreigenhofer

(Address) 1536 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 27, 1938

19. UNDERTAKER Martin Ripley & Sons

(Address) 1527 N. Fulton Ave.

Huntington Williams, M.D.
Registrar

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22 1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 31 1938 to OCTOBER 22 1938

I last saw her alive on OCTOBER 22 1938 Death is said to have occurred on the date stated above, at 1.30 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	10/22/3
ARTERIOR SCLEROSIS	1936.

Other contributory causes of importance:

Chronic Interstital Nephritis 1936

Was an operation performed? NO Date of NONE

For what disease or injury? NONE

Name of operation NONE

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify NO

(Signed) Chas. F. Clautice M. D.

(Address) 10/22/38 3013 SAINT PAUL STREET.

51344 HEALTH DEPARTMENT—CITY OF BALTIMORE 51344

CERTIFICATE OF DEATH V 95-B 452 JS

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospt St. 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Harrod or John Howard

(a) Residence: No. 563 Dolphin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Liza

DATE OF BIRTH (month, day, year) 12-25-1877 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	60	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Harrod Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Annie Coot

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. & O. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dist. Colony Date Oct. 27 1938

19. UNDERTAKER Penn Bureau A. Kennedy
(Address) 578 N. Eutaw St.

FILED 24 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1938 to October 21, 1938

I last saw him alive on October 21, 1938. Death is said to have occurred on the date stated above, at 2:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

F 51345

1345 HEALTH DEPARTMENT—CITY OF BALTIMORE #4683 SF

CERTIFICATE OF DEATH V 133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Florida

(a) Residence: No. 122 Winter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Rupert Giles

7. DATE OF BIRTH (month, day, year) 4/4/1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lizzie Taylor

16. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Oct 24, 1938

19. UNDERTAKER Edwin O Weber

(Address) 1122 Brantley Ave

20. FILED 19 Registrar

OCT 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/38, 19

22. I HEREBY CERTIFY, That I attended deceased from October 3 1938, to October 21, 1938

I last saw her alive on October 21, 1938. Death is said to have occurred on the date stated above, at 12 00 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10-21-38
Other contributory causes of importance: Syphilis	1938

Was an operation performed? Yes Date of Sept 1938

For what disease or injury? Syphilis

Name of operation Sigmoidectomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

F. D. B. 1268-9

46

HEALTH DEPARTMENT—CITY OF BALTIMORE 51346

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1506 E Fort St. 24-1 Ward)

Length of residence in city or town where death occurred 4/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl L Schenter

(a) Residence: No. 1506 E Fort St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

a. If married, widowed, or divorced BUSBAND of (or) WIFE of Minnie Schenter

6. DATE OF BIRTH (month, day, year) Feb 14-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 504

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S NAME

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Albert Schenter (Son)
(Address) 1506 E Fort

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Oct 24, 1938

19. UNDERTAKER John Ulrich
(Address) 1800 E Baltimore St

20. FILED Oct 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1938 to Oct 21, 1938

I last saw him alive on Oct 20, 1938 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Mitral Regurgitation Hemiplegia	1 mo
Bronchopneumonia	1 day
Aortic sclerosis & Hypertension	1 mo
	1 mo

Other contributory causes of importance:

Chronic Pancreatitis Nephritis	1 mo

Name of operation None Date of

What test confirmed diagnosis? Malaria + Syphilis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F Q Stearns M. D.

(Address) 2818 Hereford Rd

47 F 51347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Joseph's Hosp. (If not in hospital give street and number) 8-S Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 53 yrs. 10 mos. 26 dys. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Betz

(a) Residence: No. 1651 Darley Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Betz.

DATE OF BIRTH (month, day, year) Nov. 26, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	10	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

13. NAME Charles Betz.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary Gruner.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Betz.
(Address) 1651 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct. 26. 1938

19. UNDERTAKER John Uhlrich & Sons
(Address) 1208 Eastern Ave. Baltimore, Md.

FILED OCT 24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17th 1938 to October 22nd 1938

I last saw h.im alive on October 22nd 1938 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Interstitial Nephritis	10-19-38
o Uremia	
Other contributory causes of importance: Adynamic Ileus	10-22-38

Was an operation performed? Yes Date of 10-18-38

For what disease or injury? Hemorrhoids

Name of operation Hemorrhoidectomy

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Turnipt M. D.

(Address) St. Josephs Hosp.

F 51348

1348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hosp. Registered No.
CITY OF BALTIMORE: (No. 33rd & Calvert St. 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 61 mos. da. How long in U. S. if of foreign birth? yrs. mos. da.
2. FULL NAME Mr. Eugene Shaw Toner If U. S. Veteran specify WAR
(a) Residence: No. Rennert Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude M. Toner,

DATE OF BIRTH (month, day, year) August 28, 1877

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd
10. Date deceased last worked at this occupation (month, day, year) Oct. 19, 1938
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City
13. NAME J. Cooper Toner,
14. BIRTHPLACE (city or town) (State or country) Penna.
15. MAIDEN NAME Florence V. Shaw,
16. BIRTHPLACE (city or town) (State or country) Ohio
17. INFORMANT Mrs Gertrude M. Toner,
(Address) Rennert Hotel
18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date OCT 25 1938 19
19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.
Oct 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1938 to 10/22, 1938
I last saw him alive on 10/22, 1938 Death is said to have occurred on the date stated above, at 1054 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure (congestion)	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Raymond Dugan M.D.
(Address) Union Memorial Hosp

51349

HEALTH DEPARTMENT—CITY OF BALTIMORE

51349

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1500 N. Fulton Ave. St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Chalmers,

If U. S. Veteran specify WAR

(a) Residence: No. 1500 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Chalmers,

DATE OF BIRTH (month, day, year) June 15, 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME James Chalmers,

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Ann Wilhelm,

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Daniel Freedenburg,

(Address) 1500 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date OCT 25 1938

19. UNDERTAKER Geo W. Little

(Address) 2700 Edmondson Ave.

20. FILED , 19

Registrar.

OCT 24 1938

Huntington P. Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 23 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 19 38 to Oct 23, 19 38

I last saw him alive on Oct 20, 19 38 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Hypertrophy of prostate	2 yrs
Stroke	1 day

Other contributory causes of importance:

Heart failure
Senile mitral insuff

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene L. M.D.

(Address) 1600 N. Broadway

350 HEALTH DEPARTMENT—CITY OF BALTIMORE 51350

CERTIFICATE OF DEATH CGK-37688-P

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Wilson

(a) Residence: No. 922 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 27. 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	10	25	

10 months

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Ulysses Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Edith Briscoe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Oct 24, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

20. FILED OCT 24 1938 19
Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1938, to Oct 22 1938

I last saw her alive on Oct 22 1938. Death is said to have occurred on the date stated above, at 8.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	Oct 8/38

Other contributory causes of importance:

B. Dysenteriae Flexner; Pyuria; Dehydration	Sept 1938 1938?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph M. Cook M. D.

(Address) Balto. City Hospitals

51351 HEALTH DEPARTMENT—CITY OF BALTIMORE 51351

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Diggs

If U. S. Veteran specify WAR

(a) Residence: No. 1408 Carey St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ~~?~~ ? 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~?~~ ?	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kitchen helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Westley Diggs

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Nancy Grose

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 25 19 38

19. UNDERTAKER Thos. G. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED Huntington Williams, M.D.

OCT 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22/38 19

22. I HEREBY CERTIFY, That I attended deceased from November 29 1937 to October 22 1938

I last saw h~~e~~r alive on October 22 38 Death is said to have occurred on the date stated above, at 4:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-17-38
Other contributory causes of importance: Arteriosclerosis	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
~~Yes~~ No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

51352

HEALTH DEPARTMENT—CITY OF BALTIMORE

51352

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 838 Harlem ave. 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Sathilds

If U. S. Veteran specify WAR

(a) Residence: No. 838 Harlem ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Sathilds

6. DATE OF BIRTH (month, day, year): Mar. 18, 1863

7. AGE: Years 75 | Months ? 7 | Days ? 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

13. NAME: Wm H. Weaver

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Emily Grundy

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Emma Sathilds

(Address): 838 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cem Date: 10/25/38

19. UNDERTAKER: A. R. Gaddis

(Address): 2101 N. Eutaw St

20. FILED ..... 19.....

Registrar.

OCT 24 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938 to Oct. 21, 1938

I last saw her alive on Oct. 21, 1938 Death is said to have occurred on the date stated above, at 7.45 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Aug 1938
Other contributory causes of importance: Senile Changes	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Davies M.D.

(Address) 614 S. Paca St.

51353 [1]

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51353

CERTIFICATE OF DEATH

V 138

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 George St. 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wm. Thornton Matthews Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 659 George St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col.

5. Single, ~~Married, Widowed, or Divorced~~ (write the word):

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 10-19-38

7. AGE — Years: | Months: | Days: 3 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER FATHER

13. NAME: Wm Matthews Sr.

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Mary Berger

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Wm Matthews Sr

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Zion. Date 10/24/38

19. UNDERTAKER: Archibald Geddis

(Address) 2101 McCulloh St.

20. FILED OCT 24 1938 Huntington Hilliard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1938, to Oct 22nd 1938.

I last saw him alive on Oct 22nd 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from circumcision

Date of onset: 10/22/38

Other contributory causes of importance:

none

Was an operation performed? 10/22/38 Date of ... none

For what disease or injury?

Name of operation Circumcision Date of 10/22/38

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Thomas M. D.

(Address) 101 E 95 St. Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51351 CERTIFICATE OF DEATH ×/115-aF 51354

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital) (Ward) 2

Length of residence in city or town where death occurred yrs. 1 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Amalia Keeney

(a) Residence: No. 214½ East Eighth Street St., Ward. Frederick, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
15	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Fanny Keeney Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Memorial Cem. Date 10/26 1938

19. UNDERTAKER (Address) M. R. Ebaugh & Son Frederick, Md.

OCT 24 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-1-38, 19, to 10-23-38, 19

I last saw her alive on 10-23-38, 19. Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic fever	6 mos
Other contributory causes of importance: Secondary hemorrhage	2 days
Aspiration pneumonia	"

Was an operation performed? Yes Date of 10-22-38

For what disease or injury? Chronic tonsilitis

Name of operation Tonsillectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard Keene, M. D.

(Address) University Hospital

51355 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 51355

CERTIFICATE OF DEATH

8-5-√93-e

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816-N. Durham Street St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 years. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucinda Johnston

(a) Residence: No. 1816-N. Durham St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James E. Johnston

DATE OF BIRTH (month, day, year) 4/17/1864

AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	74	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit, Md

13. NAME John F. Gerhauser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary J. (Boyd)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Edward J. Johnston
(Address) 1816-N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 10/25/38

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

Filed ....., 19.... Registrar

Huntington Mitchell, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22- 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3- 1938 to Oct 22- 1938

I last saw her alive on Oct 22 1938 Death is said to have occurred on the date stated above, at 6-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic - Myocarditis	10/3/38
Other contributory causes of importance: Edema of Lungs	10/20/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Gill Hall, M. D.

(Address) 1631 E North Ave

51356

HEALTH DEPARTMENT—CITY OF BALTIMORE

51356

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 Whetington St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Merlyn E Watts

(a) Residence: No. 838 Whetington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 29 1938

7. AGE: Years | Months | Days: 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0000

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Howard Watts

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Flora Morgan

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Flora Morgan Watts
(Address) 838 Whetington St

18. BURIAL, CREMATION, OR REMOVAL.
Place: Mt Auburn. Date: 10/25/38

19. UNDERTAKER: J E Brown & Son
(Address) 108 N Broadway

20. FILED: 10/24 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/23/38

22. I HEREBY CERTIFY, That I attended deceased (from 10/21/38 to 10/23/38)

I last saw h[illegible] alive on 10/23/38 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/21/38

Other contributory causes (Importance):
Acute Bronchitis (Infantile type)

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Jno Carroll Cox M. D.

(Address) 519 N Carrollton Ave

1357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51357

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Central Ave. St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Valentine Henry Staab

If U. S. Veteran specify WAR

(a) Residence: No. 1029 N. Central Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) of Mary Staab

DATE OF BIRTH (month, day, year) May-17-1869

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69Yrs.	5Mo.	5Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bakers Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Staab

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Mary Staab 1029 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL Oct.-25-1938
Place Most Holy Redeemer Cem. Date 19

19. UNDERTAKER Henry Hoeck & Sons Inc.
(Address) 1301 E Eager St.

20. FILED OCT 24 1938, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-22-1938

22. I HEREBY CERTIFY, That I attended deceased from OCT 2 1938, 19 to OCT 21 1938, 19

I last saw h alive on OCT 21 1938, 19 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebra Embolism	10/7
Chronic Endocarditis	(?)

Other contributory causes of importance:

Was an operation performed? NO Date of X

For what disease or injury? X

Name of operation X

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury X, 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) [illegible] M. D.

(Address) 928 E. NORTH Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51358

CERTIFICATE OF DEATH

93-C F 51358

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 38 S. Marley St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Dorothea Trautmann

If U. S. Veteran specify WAR

(a) Residence: No. 38 S. Marley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Trautmann

DATE OF BIRTH (month, day, year) Nov 13 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Michael O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Dorothea M Adams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary L Donell

(Address) 38 S Marley St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Oct 23 1938

19. UNDERTAKER Harry T Hancock

(Address) 4709 Edgewood Rd

OCT 24 1938

Huntington Williams, Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938 to Oct 23, 1938

I last saw her alive on Oct 22, 1938 Death is said to have occurred on the date stated above, at 8 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Indefinite
Chronic myocarditis	
Obesity	
Other contributory causes of importance:	
Cardiac decompensation	2 weeks

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Kyper, M. D.

(Address) 3321 Arlington Ave.

1359 HEALTH DEPARTMENT—CITY OF BALTIMORE No. 51359

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 9-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Mrs Margaret Molloy

(a) Residence: No. 324 Wilcox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Thos P. Molloy

DATE OF BIRTH (month, day, year) Aug 15-1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME Luke Donohue
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Mrs Mary M Molloy
(Address) 324 Wilcox St
18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem 10/24/38
19. UNDERTAKER John J Coogan & Son
(Address) 901 Hollins St
Filed OCT 24 1938 Huntington Williams, Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-11-1938 to 10-23-1938
I last saw h[illegible] alive on 10-23-1938. Death is said to have occurred on the date stated above, at 10:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (bronchial)	10-9-38
Pneumococcic septicemia	?
Kidneys - Urgemia	?
Empyema of Gall Bladder	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F Foley M. D.
(Address) St Joseph's Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51360 — CERTIFICATE OF DEATH — 82-a — F 51360

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Hanover St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Arnold

(a) Residence: No. 1621 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Arnold

6. DATE OF BIRTH (month, day, year) May 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ? Arnold

14. BIRTHPLACE (city or town) (State or country) UnKnown

MOTHER

15. MAIDEN NAME UnAnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Son (Arnold)
(Address) 1621 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Landon Rk Date 10/24 38

19. UNDERTAKER Durward O Pairington
(Address) 21 W. 23 St.

OCT 24 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. A. Dellen, M. D.

(Address) 2757 W. North Ave.

Fauth

HEALTH DEPARTMENT—CITY OF BALTIMORE

51361 F 51361

CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred yrs. 9 mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Rice Fauth

(a) Residence: No. Brodebaur, W Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 2 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Lee W. Fauth

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Connolly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stephens Date Oct 25 1938

19. UNDERTAKER David Dandane
(Address) Mapel Falls
Huntington Williams, W Va

20. FILED OCT 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1938 to Oct 27, 1938

I last saw h alive on Oct. 24, 1938 Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery (+ Leprosy	9/25/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Ethan Muller, M. D.

(Address) Mercy Hospital

1362 F 51362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1227

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Good Shepherd Hospital 15 Ward
Length of residence in city or town where death occurred: yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Virginia William
U.S. Veteran (specify WAR)

(a) Residence: No. 1820 Lorman St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): June 15-1922

7. AGE: Years 16 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S C

FATHER
13. NAME: Saml Williams
14. BIRTHPLACE (city or town) (State or country): S C

MOTHER
15. MAIDEN NAME: Nellie Robinson
16. BIRTHPLACE (city or town) (State or country): S C

17. INFORMANT: Mrs Nellie Williams
(Address) 1820 Lorman St

18. BURIAL, CREMATION, OR REMOVAL
Place Nat. Auburn Date Oct. 24 1938

19. UNDERTAKER: Thomas Kelson
(Address) 913 P. Eastman, St.
Huntington Williams, N.Y.

20. FILED 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21, 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence adduced by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	Oct 18 1938

Other contributory causes of importance:

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Hartley Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo L. Allen M. D.
(Address) 507 Augusta Ave

1363 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51363

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Cole (37503)

(a) Residence: No. 757 Bradley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 29, 1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Millian (D)

14. BIRTHPLACE (city or town) (State or country) ? Balto.

15. MAIDEN NAME Martha Williams (D)

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/24 38

19. UNDERTAKER Thomas C. Kelson
(Address) 1303 Pennsylvania Ave Huntington Williams, W. Va.

20. FILED OCT 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1938 to October 21, 1938
I last saw him alive on October 21, 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state why

(Signed) L. H. Curtis M. D.
(Address) Balto. City Hospitals

51364

HEALTH DEPARTMENT—CITY OF BALTIMORE

51364

CERTIFICATE OF DEATH

34-35C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 1144 Goodyear St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 23, 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	40	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Joe

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Polly Hill

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/26 1938

19. UNDERTAKER Thomas E. Nelson
(Address) 1523 Pennsylvania Ave

20. FILED OCT 24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-8 . 1938 to 10-22 1938

I last saw her alive on 10-22 . 1938 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma with Rectal stricture	?
Cystitis	7 days
Other contributory causes of importance: Latent Syphilis	?

Was an operation performed? yes Date of 8-1-38; 9-22-38

For what disease or injury? Rectal stricture

Name of operation Colostomy + rectal resection

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. S. Bourne M. D.

(Address) Balto City Hosp

F 51365

365
3 4 9 19 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Phillip Nelson — If U. S. Veteran specify WAR

(a) Residence: No. Box 198 Route 4 St., ... Ward. Elkridge Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rose

7. DATE OF BIRTH (month, day, year): 10-08-07

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31		14	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Huckster

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 24

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME Daniel Nelson

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME Rosie Wood

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL — Place Elkridge, Md Date 10/24/38

19. UNDERTAKER (Address) Thomas E. Kelly, 383 Presstman St

20. FILED ..... 19..... Registrar.

OCT 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to Oct 22, 1938.
I last saw h[illegible] alive on Oct 22, 1938. Death is said to have occurred on the date stated above, at 3:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2/21/38
Tuberculous pneumonitis	January
Extension to Brain	1938

Other contributory causes of importance: Bowel's Involved

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Gastric Analysis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F. Lewis Meeks M. D.

(Address) Johns Hopkins Hospital

51366 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51366

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 E 31st St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Warfield Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 1333 E 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sallie V Anderson

7. DATE OF BIRTH (month, day, year) Oct 1 1863

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) a a co md

13. NAME Charles V Anderson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Sallie V Anderson
(Address) 333 E 31st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 10/25/38

19. UNDERTAKER William M Marck
(Address) 715 Eighth St

20. FILED OCT 24 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1938 to Oct 38

I last saw h[illegible] alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Asthenia Contributor	2 Hrs
Other contributory causes of importance: Arteriosclerosis & Arteriosclerosis	5 Yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

F 51367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Balds Jeul Hospital Ward 3

Length of residence in city or town where death occurred 66 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles William Lanehardt

(a) Residence: No. 1507 Annapolis Blvd. St., ... Ward. ANNE ARUNDEL CO

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17, 1871

7. AGE: Years 66 | Months 10 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker & P Stg 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balds Md.

FATHER

13. NAME Charles W. Lanehardt

14. BIRTHPLACE (city or town) (State or country) Balds, Md

MOTHER

15. MAIDEN NAME Mary Bottle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Carrie F Benson 1507 Annapolis Blvd. Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 27 1938

19. UNDERTAKER (Address) William H Mareck 715 Light St

20. FILED ..... Registrar.

T24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/26/38. 19.... to 10/23/38. 19.....

I last saw him alive on 10/23/38. 19.... Death is said to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/25
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Lee M. D.

(Address) Balds Jeul Hosp

51368

HEALTH DEPARTMENT—CITY OF BALTIMORE

51368

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 E. Churchhill St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary I. Jones

(a) Residence: No. 221 E. Churchhill St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

life

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Albert Jones

6. DATE OF BIRTH (month, day, year) Nov. 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas J. Gadd

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Luther Jones (Son)

(Address) 221 E. Churchhill St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 25, 1938

19. UNDERTAKER G. Howard Strong.

(Address) 715 Light St.

20. Filed ..... 19..... Registrar.

OCT 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from October, 1937 to October 23, 1938

I last saw her alive on Oct 22 1938. Death is said to have occurred on the date stated above, at 12.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Oct 14

Other contributory causes of importance:

abdominal ascites

Question of Malignancy of large bowel

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Grace Miller M. D.

(Address) 1215 S. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51369

1369

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1820 N. Bentalou St. St. 15-3 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Sadie Goldsmith

(a) Residence: No. 1820 N. Bentalou St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14th, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Jacob Goldsmith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosa Goodman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss. H. Goldsmith, 1820 N. Bentalou St.

18. BURIAL, CREMATION OR REMOVAL

Place Heb. Friendship Cem. Date Oct. 25, 1938

19. UNDERTAKER (Address) Abrid Sondheim & Son Inc. 1902 Eutaw Place.

20. FILED ... 19... Registrar

24 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938 to Oct 22 1938

I last saw h.. alive on Oct 22 1938 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Int Nephritis	1930
Other contributory causes of importance: Arteriosclerosis	1930
Diabetes. Insipidus	1932

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edwin F. Yeager M. D.

(Address) Esplanade Apts.

F 51370

HEALTH DEPARTMENT—CITY OF BALTIMORE

370

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Bancroft Road St. 27-20 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophie P. Goldsmith

(a) Residence: No. 3505 Bancroft Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morton M. Goldsmith

DATE OF BIRTH (month, day, year) June 7 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Butzel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Matilda Butzel,

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT (Address) Mr. M. M. Goldsmith. 3505 Bancroft Road

18. BURIAL, CREMATION OR REMOVAL

Place Har Sinai Cem. Date Oct. 26, 19 38

19. UNDERTAKER David Sondheim & Son (Address) 1902 Eutaw Place.

20. FILED Oct 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1938 to Oct 24 1938

I last saw her alive on Oct 24 1938. Death is said to have occurred on the date stated above, at 12 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1933
Carcinoma of lungs 18 mos prior	1937

Other contributory causes of importance: General carcinoma metastasis 3 mos

Was an operation performed? yes Date of 1933

For what disease or injury? Carcinoma of left breast

Name of operation Removal of breast

What test confirmed diagnosis? Pathological exam of spec removed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Lentz M. D.

(Address) Temple Garden Apts.

OCT 24 1938

51371 HEALTH DEPARTMENT—CITY OF BALTIMORE 51371

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 42 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Pete Waitekunas

(a) Residence: No. 737 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	MARRIED

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Salomia Waitekunas

6. DATE OF BIRTH (month, day, year): 1879

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59 ~~1879~~			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailoring

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Lithaunia

13. NAME OF FATHER: Antoany Waitekunas

14. BIRTHPLACE (city or town) (State or country): Lithuanian

15. MAIDEN NAME OF MOTHER: Not Known

16. BIRTHPLACE (city or town) (State or country): No

17. INFORMANT (Address): Salomia Waitekunas, 737 N Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 10/26/38 19..

19. UNDERTAKER (Address): Chas. G. Buchanan, 637 South Paca St

20. FILED 19.. Huntington, Williams, Reg.

24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to Oct 23, 1938.

I last saw him alive on Oct 23, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease.	?
Hypertension	?
Auricular fibrillation	?
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard S. Owens Jr M. D.

(Address) University Hospital

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HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 51372

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Parrish St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Longerdon

If U.S. Veteran specify WAR ....

(a) Residence: No. 804 Parrish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 14 1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	1 mo.	9 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Person. N. C.

13. NAME Lee Grant Cameron

14. BIRTHPLACE (city or town) (State or country) Person. N. C.

15. MAIDEN NAME Martha Crise

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Lee Grant Cameron

(Address) 804. Parrish st.

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Mem. Cem. Date Oct 26 1938

19. UNDERTAKER Adolphus Halstead

(Address) 714 Lanvale —

20. FILED OCT 24 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23/38

22. I HEREBY CERTIFY, That I attended deceased from May 20 38 to Oct 23 38

I last saw h... alive on Oct 22 38. Death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset May 20

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) P. J. Hatcher, M. D.

(Address) 1 Fort Ave

51373 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51373

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp. 18 Registered No.

CITY OF BALTIMORE: (No. St. 12-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Bessie Smith

(a) Residence: No. Rising Sun, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	wh.	married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Ernest Smith

7. DATE OF BIRTH (month, day, year) July 27, 1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Oct 19 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Rising Sun, Md.

13. NAME Stewart Pearce

14. BIRTHPLACE (city or town) (State or country) Rising Sun Md.

15. MAIDEN NAME Elizabeth Bahler

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ernest Smith
(Address) Rising Sun. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Brookview Md Date Oct 26 1938

19. UNDERTAKER J E Tyson
(Address) Rising Sun Md.

20. FILED 1938 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-21-38, 19..., to 10-24-38, 19..., m.

I last saw her alive on 10-24-38, 19... Death is said to have occurred on the date stated above, at 6.28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic meningitis	10/20/38
Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood and Spinal fluid cultures Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Mem. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1374 × F 51374

CERTIFICATE OF DEATH

127-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Jackson

(a) Residence: No. Ruston Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roger Jackson

7. DATE OF BIRTH (month, day, year) June 1899

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	13		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Blackstone Va

MOTHER FATHER

13. NAME Frank P. Epps Va

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Lucienda Epps

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Roger Jackson
(Address) Ruston Md

18. BURIAL, CREMATION, OR REMOVAL
Place Blackstone Va Date Oct 24 1938

19. UNDERTAKER Ray & Sanders
(Address) 1437 E Preston St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1938 to Oct. 22, 1938

I last saw her alive on Oct. 22, 1938 Death is said to have occurred on the date stated above, at 2 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral diffuse pneumonia	10-19-38
Bilateral massive empyema	?

Other contributory causes of importance:

Paralytic ileus	10-20-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. T. Arnold Jr. M. D.

(Address) Univ. Hosp.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51375

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., 95-B Ward) Registered No. 53162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Lillibridge

If U. S. Veteran specify WAR

(a) Residence: No. 9407 Colombia Rd St., Ward Silver Springs Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-5-04

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Ralph Lillibridge

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Muscatine Iowa Date Oct 24 1938

19. UNDERTAKER John O Mitchell & Sons (Address) 1760 Eutaw Place

20. FILED Huntington Williams Registrar. Oct 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938 to Oct 24, 1938

I last saw him alive on Oct 24, 1938 Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Myocardial Failure, Acute Vascular Nephritis and Uremia	Sept 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

15

51376

HEALTH DEPARTMENT—CITY OF BALTIMORE

51376

CERTIFICATE OF DEATH

34-C-38 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles J Ahring

(a) Residence: No. 2713 Baker St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ahring

6. DATE OF BIRTH (month, day, year) Dec 15 1886

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
51	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Tram Co

10. Date deceased last worked at this occupation (month and year) 5/38

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm F Ahring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma A Reynolds

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Catherine Ahring

(Address) 2713 Baker St

18. BURIAL, CREMATION, OR REMOVAL.

Place Western Date Oct 24 1938

19. UNDERTAKER Richard L Meyer

(Address) 1020 Ashburton Blvd

Filed Oct 24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 22, 1938

I last saw her alive on Oct 22 1938. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Heart Disease	?
Aortitis (Luetic)	?
Dyspnoea	
Other contributory causes of importance: Malaria (Therapeutic)	late

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Trump M. D.

(Address) St. Josephs Hosp.

51377 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51377

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 W. Lanvale St. Ward) 161 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ida Waters Life Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 1209 W Lanvale St, ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868 - -

7. AGE: Years 70 | Months - | Days - | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER'S FATHER'S

13. NAME Charles West

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Caroline Gregg

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bertha Parker

(Address) 1209 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Penn Date Oct 25 1938

19. UNDERTAKER V. A. Brooks

(Address) 1463 Eutaw St

20. FILED ... Huntington Williams, M.D.

17

E 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938 to Oct 22, 1938

I last saw her alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at 9.30 pm

The principal cause of death and related causes of importance are as follows:

	Date of onset
Arteriosclerosis	
Chr Nephritis	U
Chr Myocarditis	
Other contributory causes of importance:	
Pulmonary Edema	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. E. Howell M. D.

(Address) 601 N Carrollton Ave

✓ F 51378

378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 E. Payson St. 20-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Glaenzer

If U.S. Veteran specify WAR ...

(a) Residence: No. 2 E. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Oct 10th 1877

7. AGE: Years 61 | Months — | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 13

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Esdingen Glaenzer

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Regina Wagner

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Miss Ruth E. Glaenzer
(Address) 2 E. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Oct 25 1938

19. UNDERTAKER: George L. Schwab
(Address) 710 Frederick Ave.

20. FILED: Huntington Williams, M.D. Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1938 to Oct. 23, 1938

I last saw him alive on Oct. 23, 1938 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Epilepsy — Date of onset 1898

Other contributory causes of importance:

Chronic Encephalitis. Arteriosclerotic Degen. — ?

Was an operation performed? NO Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Jos. M. Blumberg M. D.

(Address) 1000 Hollins St.

F 51379

51379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W cc

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2313 Eliot St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Chandler Sullivan

(a) Residence: No. 2313 Eliot St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Sullivan

6. DATE OF BIRTH (month, day, year) Feb. 2-870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship yard

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John F. Sullivan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Catherine Cronin

16. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

17. INFORMANT Ruth C. Freund Daughter

(Address) 2313 Eliot St.

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cem. Date Oct 25 38

19. UNDERTAKER Hahn & Frankenstein

(Address) 1000 S. Hanover St.

20. FILED Oct 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

learned by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	hour
	4
Other contributory causes of importance: Coronary heart disease	Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 1938

Where did injury occur? Sudden Ship Yard (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Ship Yard

Manner of injury Fell off Wharf on to a boat

Nature of injury Laceration & injury to head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

1938

V 56

51380 HEALTH DEPARTMENT—CITY OF BALTIMORE 51380

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4670 Park Heights St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME George B. Folts
(a) Residence: No. 4670 Park Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Walsh Folts.

6. DATE OF BIRTH (month, day, year) March 28, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Realtor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Jack Folts
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Delia Folts.
(Address) 4670 Park Heights.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 10/25 1938

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights
Huntington Williams, Dir.
Registrar.

20. FILED OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938 to Oct 22 1938.
I last saw ... alive on Oct 22 1938. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis	1 yr
Other contributory causes of importance: Hypertension	2

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) John A. Bulent M. D.
(Address) 4803 Park Heights Ave

51381 HEALTH DEPARTMENT—CITY OF BALTIMORE 51381

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3529 Belvedere Ave. St., 7518 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Henry Snider

(a) Residence: No. 3529 Belvedere Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sallie Snider

6. DATE OF BIRTH (month, day, year) Aug 6, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith Shop.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Carroll County Md.

FATHER

13. NAME George W. Snider

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Rebecca Blackston

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Mrs. Sallie Snider
(Address) 3529 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Meadow Ridge Lem. Date 10/25, 1938

19. UNDERTAKER C. Vernon Lemmon
(Address) 7611 Park Heights.

20. FILED Huntington Millerville, Md.

OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938 to Oct. 22, 1938.

I last saw him alive on Oct. 22, 1938 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-15-38
Exterus (Delirium)	?
Carcinoma of Liver Probable	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) D. N. Curtis M. D.

(Address) 5611 Pimlico Rd

F 51382

HEALTH DEPARTMENT—CITY OF BALTIMORE

51382

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Washington Blvd. St. 21-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran (specify WAR) No Record

2. FULL NAME Charles Hammerbocker

(a) Residence: No. 1211 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie C. Hammerbocker

6. DATE OF BIRTH (month, day, year) Jan. 20th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros.

10. Date deceased last worked at this occupation (month and year) 10/21

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles Hammerbocker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Kaline

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Geo. H. Hammerbocker

(Address) 1211 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date Oct. 25 19 38

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

20. FILED Huntington Williams Wright

OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	
Acute pulmonary edema	10/22

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D. Coroner

(Address) 182 2 W. Baltimore St.

51383

HEALTH DEPARTMENT—CITY OF BALTIMORE

51383

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4227 Frederick Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Hasselhorst

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4227 Frederick Ave Sts Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Florence E. Hasselhorst

6. DATE OF BIRTH (month, day, year) Aug 25th 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spring Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Hasselhorst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence E. Hasselhorst

(Address) 4227 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 25th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams Registrar

OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 7 38 to Oct 22 38

I last saw ~~him~~ alive on Oct 22 38 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	
Cirrhosis of Liver -	1930
(Alcoholic)	
Hemorrhage from bowels	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Magi M. D.

(Address) 622 N. Monroe

84 353066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51384

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances W Christian

If U. S. Veteran specify WAR

(a) Residence: No. 204 W. Franklin St., ... Ward. Richmond Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-18-64

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Archer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anne Watson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date 10-25-38

19. UNDERTAKER John D. Mitchell & Sons (Address) 700 Eutaw Place

20. FILED OCT 25 1938 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938, to Oct 24, 1938

I last saw her alive on Oct-24, 1938 Death is said to have occurred on the date stated above, at 8 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma (ovary)	1938 8-10
Heart Failure	10-24

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-21

For what disease or injury? Carcinoma

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Averill Stowell M. D.

(Address) Johns Hopkins Hosp

51385 F 51385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Bouldin St., 26-11 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 46 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maria Oeh

(a) Residence: No. 305 S. Bouldin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Oeh

6. DATE OF BIRTH (month, day, year) April 30, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John T. Muetzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hoke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Oeh
(Address) 305 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Oct. 25 1938

19. UNDERTAKER George W. Pinkler
(Address) 737 E. Eager St.

20. FILED Oct 25 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct 21, 1938

I last saw her alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 12 N m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular-Renal Disease	
Cerebral Hemorrhage	10/1/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. E. Kiefer Meier M. D.

(Address) 2939 Eastern Ave

F 51386

386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37420 JS

V 54-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William John Burgess

(a) Residence: No. 1731 Little Williams St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Burgess

6. DATE OF BIRTH (month, day, year) 8-7-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Burgess

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dora Philips

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT B. C. I. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill A.A. Co. Date 10/26 1938

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Hilton St.

20. FILED 10/25 1938 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1938 to 10-23 1938

I last saw him alive on 10-23 1938. Death is said to have occurred on the date stated above, at 1:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	?
Other contributory causes of importance:	
Bronchopneumonia	3 days

Was an operation performed? yes Date of 9-30-38

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) G. L. Bourne M. D.

(Address) Balto. City Hosp.

51387 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51387

CERTIFICATE OF DEATH ✓ 94-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 7-1 ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A. Mulfinger

U. S. Veteran specify WAR

(a) Residence: No. 933 N. Linwood Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 19, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME J. T. Mulfinger

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Farkenham

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Anna Webb

(Address) 933 N. Linwood Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Dry Ridge Date 10/26/38

19. UNDERTAKER Philip Young Son

(Address) 1616 Eastern Ave

20. FILED 19 Registrar

OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) M. D.

Coroner

(Address)

51388 F 51388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 E. Fort Ave. St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Snyder

(a) Residence: No. 206 E. Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Weaver Snyder

6. DATE OF BIRTH (month, day, year) Sept. 20 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Metal Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Snyder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bowers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clara V. Snyder (wife)
(Address) 206 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct. 25 1938

19. UNDERTAKER Richard Fleming
(Address) 1426 Light St.

Filed Oct 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6th 1938 to Oct 22 1938

I last saw him alive on Oct 22 1938. Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Hypertension	1935
Myocarditis	1935

Other contributory causes of importance

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Sidney H. Streett M. D.
(Address) 421 E. Fort Ave

1389

HEALTH DEPARTMENT—CITY OF BALTIMORE 51389

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Mc Culloh St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Scott

If U. S. Veteran specify WAR

(a) Residence: No. 1024 Mc Culloh St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaretie Scott

6. DATE OF BIRTH (month, day, year) Dec 8, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 55	10		

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Scott Sr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Harriett O'Brien

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Margaretie Scott 1024 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Zion Cemetery Date Oct 26 1938

19. UNDERTAKER (Address) Wm. E. Watson 1202 Pennsylvania Ave Huntington West Virginia

20. FILED Registrar

OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1938 to Oct 22, 1938

I last saw him alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Past
Anemia & Malnutrition	"

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Farrell M. D.

(Address) 1615 E. Oreg St.

1390

HEALTH DEPARTMENT—CITY OF BALTIMORE

1390

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 Druid Hill Av St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Larkins

If U.S. Veteran specify WAR .....

(a) Residence: No. 1235 Druid Hill Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	cd	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fannie E.

6. DATE OF BIRTH (month, day, year) June 9, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B. C. Co. Md.

FATHER

13. NAME Patrick Larkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Handy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry C. Larkins
(Address) 1238 Druid Hill Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/25 38

19. UNDERTAKER Thomas E. Kelso
(Address) 1333 Druid Hill Av

OCT 25 1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4 1938 to Oct 22 1938

I last saw him alive on Oct 22 1938 Death is said to have occurred on the date stated above, at 4:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
	?
	1

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, (Specify)

(Signed) S. P. Hughes M. D.

(Address) 1413 Druid Hill Av

51391

HEALTH DEPARTMENT—CITY OF BALTIMORE

51391

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N. Caroll St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nicholas Bouzoura, Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 20 N. Caroll St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Bouzoura

6. DATE OF BIRTH (month, day, year) Dec 7 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stuffing Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Underwear Co

10. Date deceased last worked at this occupation (month and year) B.D.R.P.Co

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brest Fra.

FATHER

13. NAME Mr. Nicholas Bouzoura

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mrs. Brown

16. BIRTHPLACE (city or town) (State or country) Brest Fra.

17. INFORMANT Mr. John A. Bouzoura

(Address) 20 N. Caroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 27 - 1938

19. UNDERTAKER Wm. H. Kelly & Son

(Address) 2222 E. Monument St

Filed Oct 27 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 24 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to Oct 24 1938

Last saw h[illegible] alive on Oct 24 1938. Death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other **contributory causes** of importance:

Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Hagan, M. D.

(Address) 1915 W. North Ave

F 51392 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51392

CERTIFICATE OF DEATH

146-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Paul Koerner

If U. S. Veteran specify WAR no

(a) Residence: No. 3415 Foster Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/29/1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frank Koerner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Anna Koerner
(Address) 3415 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date 10/28/38

19. UNDERTAKER Geo. J. Pfaff & Son
(Address) 1735 Harford Ave

20. FILED OCT 25 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1938, to Oct. 24, 1938

I last saw him alive on Oct. 24, 1938. Death is said to have occurred on the date stated above, at 2:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	May, 1938
Generalized Carcinomatosis of peritoneal cavity.	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard M. Hummel M. D.

(Address) 718 N. Lexington St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51393 — CERTIFICATE OF DEATH — F 51393

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 Pierce St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hazeltine Weeks.

(a) Residence: No. 941 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Weeks.

6. DATE OF BIRTH (month, day, year) 10/20/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fancastes. Virginia

FATHER

13. NAME Alonza Jordan

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jane Jordan

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Naomi C. Weeks.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 10/25 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St Huntington Station, Md.

OCT 25 1938 19 ... Registrar.

OCCUPATION IS VERY IMPORTANT.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Oct 21, 1938

I last saw h... alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Fibrillation	

Other contributory causes of importance:

Carcinoma Stomach	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Bernard S. Lacks M. D.

(Address) 2379 Arunah Ave

F 51394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

F 51394
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 318 N Shroeder St. (Ward) 18-2

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Wheeler

(a) Residence: No. 318 N. Shroeder St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James E Wheeler

6. DATE OF BIRTH (month, day, year) April 23-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME unk
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Mary Washington
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Ethel Wheeler
(Address) 318 N Shroeder St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 26, 38

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

Huntington Maryland

20. FILED OCT 25 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial pneumonia	Oct 18 - 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Keller, M. D.
(Address) 50 Jamaica Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51395

CERTIFICATE OF DEATH

24 F 51395

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Bonifare

If U. S. Veteran specify WAR

(a) Residence: No. 2033 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 23, 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nicola Bonifare

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Agnes Dobay

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Angnes Bonifare

(Address) 2033 E Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 26. 1938

19. UNDERTAKER Gilbert Zeiler Son

(Address) 608 E Monument St

20. FILED OCT 25 1938 Washington William Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1938, to Oct. 23, 1938

I last saw her alive on Oct. 23, 1938 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	10-13-38
Other contributory causes of importance: Cardiac Failure	10-23

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Myer G. Fine M. D.

(Address) Lyndenhurst Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51396 ✓ 92 F 51396

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 327 S. EAST AVE. St., 76-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME ANNA DOTSON — If U. S. Veteran specify WAR

(a) Residence: No. 327 S. EAST AVE. St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	DIVORCED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) JAN. 8/1896

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SEAM STRESS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. VARISTY UNDERWEAR CO

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
1969	

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOHN MUELLER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ANNA BUETTNER

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT EVA LAMBDEN (SISTER)
(Address) 5517 READY AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place ST. MATHIAS Date OCT. 27 1938

19. UNDERTAKER Sally & Zeilenhoe
(Address) 1005 S. WOLFE ST.

OCT 25 1938 Huntington Williams N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1938, to October 22, 1938

I last saw her alive on October 22, 1938. Death is said to have occurred on the date stated above, at 9/ 45pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Chronic Endocarditis	Unknown
Other contributory causes of importance: Cerebral Hemorrhage	2 hours

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip Lerner Corbett M. D.

(Address) 2942 E. Fayette Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

51397

CERTIFICATE OF DEATH

23 F 51397

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N Bradford St. 8-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Gerlach

(a) Residence: No. 1605 N Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Gerlach

6. DATE OF BIRTH (month, day, year) Dec. 6th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Gerlach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E. Wretzel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Florence Gerlach (wife)
(Address) 1605 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Oct 25 38

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S Wolfe St

20. 83198 OCT 25 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1937, to Oct 22, 1938

I last saw him alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at 6 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonary Tuberculosis	1 yr

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F A Stevens, M. D.

(Address) 2878 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

F 51398

Registered No. F 51398

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Augusta Ave St. 20-8 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Heinmueller

(a) Residence: No. 315 S. Augusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adam Heinmueller

6. DATE OF BIRTH (month, day, year) Feb. 13, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME John Stehl

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. George W. Hanfel
(Address) 315 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 25, 1938

19. UNDERTAKER F. C. Schubert & Son
(Address) 1300 Eutaw Place

20. FILED OCT 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22-38 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1938, to Oct. 22 1938

I last saw h[illegible] alive on Oct. 22 1938. Death is said to have occurred on the date stated above, at 3:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Edema of Hypostatic Lungs	
Cerebral Hemorrhage	10/10/38
Pneumonia Terminal	10/21/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 2432 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51399 CERTIFICATE OF DEATH 131 F 51399

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Penrose Ave St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Schnitzlein

(a) Residence: No. 2135 Penrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Schnitzlein

6. DATE OF BIRTH (month, day, year) Dec. 12, 1862

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Schnitzlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Schnitzlein
(Address) 2135 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Western Cem. Date Oct 27 1938

19. UNDERTAKER [illegible] PEACE
(Address) 1200 [illegible]

20. FILED OCT 25 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1938 to Oct 24, 1938

I last saw him alive on Oct 24, 1938 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	Dec 1934
Coronary Thrombus	Oct 24 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson, M. D.

(Address) 2432 Frederick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51400 — CERTIFICATE OF DEATH — F 51400

54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2453 Brentwood Ave. — Ward) 42-53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Heard

If U. S. Veteran specify WAR ...

(a) Residence: No. 2453 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) Mar 20 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elberton Ga.

FATHER

13. NAME John Heard

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Millie Saunders

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Viola Heard
(Address) 2453 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 25 1938

19. UNDERTAKER Ford D. Elliott daughter
(Address) 1129 N. Caroline St.

20. FILED OCT 25 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Oct 22nd 1938

I last saw him alive on Oct 22nd 1938. Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	Oct 15th 1938
Cerebral Apoplexy	July 1st 1938
Other contributory causes of importance: Brain Tumor (Post-operative)	1937

Was an operation performed? yes Date of Nov 6, 1937

For what disease or injury? Cerebral Tumor

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Dan. S. Dulaney Jr. M. D.

(Address) 1434 E. 23rd St.

DePser

HEALTH DEPARTMENT—CITY OF BALTIMORE

51401 F 51401

CERTIFICATE OF DEATH

82-a Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 183 N Saratoga St., 2nd Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 27 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Depser

(a) Residence: No. 183 N Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed or divorced (or) WIFE of: Frederick A. Depser

6. DATE OF BIRTH (month, day, year): Sept 23-1868

7. AGE: Years 70 | Months 0 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Gustav Pistorius
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Charlotte Montaga
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr F. H. Depser
(Address) 183 N Gardenside

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Park Date: Oct 25, 1938

19. UNDERTAKER: Mr Fuchs & Sons
(Address): City

20. FILED: Oct 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1930 to Oct 22, 1938
I last saw her alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at 5.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 13
Right side terminal	1938
Other contributory causes of importance: General Arteriosclerosis	✓

Was an operation performed? no Date of ✓
For what disease or injury? ✓
Name of operation none
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Edw A Fuchs M. D.
(Address) 1219 Eutaw Street

Reply

51402

HEALTH DEPARTMENT—CITY OF BALTIMORE

51402

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Joseph Hosp St., 8-3 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugene B. Owens

(a) Residence: No. 1702 Normal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 20-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer BLOCK ofr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jessops Md

FATHER

13. NAME Joseph Owens

14. BIRTHPLACE (city or town) (State or country) Severn Md

MOTHER

15. MAIDEN NAME Margaret Bolantine

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Agnes A. Owens

(Address) Hanover Md

18. BURIAL, CREMATION, OR REMOVAL Meadowridge Mem Date Oct 26 1938

19. UNDERTAKER J. Fletcher Sons & Co

(Address) Huntington Ave

20. FILED OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1938 to Oct 22, 1938

I last saw him alive on Oct 22, 1938. Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery occlusion (Left)	10-1-38
Cystitis, Enteritis	?
Diabetes Mellitus	?
Peri-rectal Abscess	8-10-38
Other contributory causes of importance:	
Recto-Vesical Fistula	4 days

Was an operation performed? Yes Date of August 13, 38

For what disease or injury? Peri-rectal Abscess

Name of operation Incision & Drainage

What test confirmed diagnosis? Exp Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Arnold M. D.

(Address) St. Josephs Hosp

51403 HEALTH DEPARTMENT—CITY OF BALTIMORE 51403

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. Fulton Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen Bucker

(a) Residence: No. 1523 N. Fulton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of S. E. Bucker

6. DATE OF BIRTH (month, day, year) Jan 6 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9.	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town), (State or country) Maryland

FATHER

13. NAME Adam Hetzer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Barbara Engel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E. E. Bucker (Address) 1523 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct. 27 1938

19. UNDERTAKER Frank Cook Dyer (Address) 1000 W. North Ave

OCT 25 1938 Registrar for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1938 to Oct. 24 1938

I last saw her alive on Oct 22, 1938 Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease with Myocardial insufficiency and terminal coronary thrombosis	1935
Other contributory causes of importance: Goitre, diffuse, non-toxic	1885

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. Kendig Wallace, M. D.

(Address) 2839 Walbrook Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51404 51404

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 8-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alberta Hogan

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1836 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Hogan

6. DATE OF BIRTH (month, day, year) April 23rd 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	05	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph E. Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Herbert E. Ament

(Address) 601 Richwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 12/27 1938

19. UNDERTAKER The Cook Funeral Home

(Address) 1211 E. Fayette St

20. FILED 19 Registrar.

OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1938, to 10-24, 1938

I last saw her alive on 10-24, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi Patrial Broncho Pneumonia,	
Other contributory causes of importance:	
Paralitis	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. L. Ewald M. D.

(Address) Md. Gen. Hosp.

51405 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51405

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3223 Elmley Ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James P. Webster

(a) Residence: No. 3223 Elmley Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Laura

6. DATE OF BIRTH (month, day, year) Aug 28 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dead Island Mo

FATHER

13. NAME William J. Webster

14. BIRTHPLACE (city or town) (State or country) Dead Island Mo.

MOTHER

15. MAIDEN NAME Clara Shores

16. BIRTHPLACE (city or town) (State or country) Dead Island Mo.

17. INFORMANT James Frayne Webster
(Address) 3223 Elmley Ave

18. BURIAL, CREMATION, OR REMOVAL Hebron, Md. Funeral Home Date 10/26 38

19. UNDERTAKER William Cook
(Address) 2117 Edmondson Ave

20. FILED ... 19... ... Registrar.

OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-25-, 1938, to 10-23-, 1938

I last saw him alive on 10-20-, 1938. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	7-25-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/7/38

For what disease or injury? Gastric Carcinoma

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Clinical, operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton C. Fauy, M. D.

(Address) 2117 Belair Rd

51406

HEALTH DEPARTMENT—CITY OF BALTIMORE

51406

CERTIFICATE OF DEATH

164

1. PLACE OF DEATH Cylburn ave. & off Belvedere. Registered No.

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roderick Ward. If U. S. Vet. specify WAR. No Record

(a) Residence: No. 3811 West Garrison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of Rose Ward

6. DATE OF BIRTH (month, day, year) Dec 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curtis Bay R. R

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

MOTHER FATHER

13. NAME James Ward

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Dilley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rose Ward
(Address) 3811 W. Garrison ave

18. BURIAL, CREMATION, OR REMOVAL
Hillcrest Cemetery
Place Cumberland Md Date 10/26 1938

19. UNDERTAKER J. M. Cook
(Address) 1217 E. Fayette St

20. FILED OCT 25 1938 19 Huntington Williams, Registrar

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide from monoxide Gas Tube attached to Auto ex. haust.	
Other contributory causes of importance: Treated Dr. Pearson	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or ~~homicide~~? Date of injury 10-24 1938.

Where did injury occur Cylburn & Belvedere ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Public place

Manner of injury Death by monoxide Gas. Suicide

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Evans M. D. Coroner

(Address) Coroners

51407

HEALTH DEPARTMENT—CITY OF BALTIMORE

51407

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Falk

If U. S. Veteran specify WAR .....

(a) Residence: No. 1718 Poplar Grove Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob Falk

6. DATE OF BIRTH (month, day, year) June 7, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Abraham Oppenheim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henriette Neubaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Isabella Henietta Falck 1718 Poplar Grove st

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Cemitry Date Oct 26, 1938

19. UNDERTAKER (Address) Sol Levinson Bros 124-26 W. North ave

20. Filed OCT 25 1938 Huntington Willis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1938, to 10/24, 1938

I last saw her alive on 10/24, 1938. Death is said to have occurred on the date stated above, at 12:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, Lt.	10/18
Bronchopneumonia	10/20
Arteriosc. heart disease	
Hypertension	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Herbert N. Gunderheimer M. D.

(Address) Sinai Hospital

VS 3

51408 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51408

CERTIFICATE OF DEATH

77062 JS

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Hampton

(a) Residence: No. 1938 Christian St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-16-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME William Hampton

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mildred Link

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL cremated
Place Balto. City Hospt Date 10-24-38 19

19. UNDERTAKER
(Address)

20. FILED Oct 25 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1938, to Oct. 21, 1938

I last saw h[illegible] alive on Oct. 21, 1938. Death is said to have occurred on the date stated above, at 5:09 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Maternal toxemia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hosp

VS 8

Spec.—7-17-26—A Co.—200 Bks.

F 51409

51409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1303 Penna. Ave. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter W. Robinson

(a) RESIDENCE NO. 1303 Penna Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margt Robinson

6 DATE OF BIRTH (month, day, and year) June, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day .... hrs. or .... min.
	72	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Sea Food

(c) Name of employer Self

9 BIRTHPLACE (city or town) Middlesex Co.

(State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Robinson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Morris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant (Address) W. E. Robinson 1303 Penna Ave

15 Filed 10-25 1938 Howell [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-24 19 38

17 I HEREBY CERTIFY, That I attended deceased from 10-17, 1938 to 10-24, 1938

that I last saw him alive on 10-24, 1938

and that death occurred, on the date stated above, at 10:15 P.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos.

CONTRIBUTORY (Secondary) Arteriosclerosis Carcinoma of Prostate

(duration) 1 yrs. mos.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Exam

(Signed) W. E. Stuart Jr. M.D.

. 19 (Address) 5-5-42 Belgian

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Burial Va. Date of Burial 10/27 19

20 UNDERTAKER Charles D. Alexander ADDRESS 200 McCulloh St.

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. Fill in plain terms, so that it may be properly classified.

51410

✓ F 51410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. Bay View St. 7-B-1 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Johnson

U. S. Veteran specify WAR

(a) Residence: No. 717 Leadenhall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ ~~(or) WIFE~~ of Robert Johnson

6. DATE OF BIRTH (month, day, year) Jan. 1-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Rent Singleton

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 9-28-38

19. UNDERTAKER Walter E. Young & Co.

(Address) 1645 Pennsylvania Ave.

FILED OCT 25 1938 Huntington Billings, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	days
Cerebral hemorrhage	hours
Other contributory causes of importance Chronic Nephritis	long time

Was an operation performed? No Date of

For what disease or injury? Intestinal Obstruction

Name of operation To relieve obstruction Date of Sept. 25-38

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address)

OCCUPATION is very important. See instructions on back.

V. S. 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

51411

CERTIFICATE OF DEATH

F 51411

159

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY GIRL PURCELL

If U. S. Veteran specify WAR .....

(a) Residence: No. 736 W. FRANKLIN St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/17/38

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME JAMES HYMAN

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME LOUISE PURCELL

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date OCT. 25 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... Registrar.

25 1938 4383 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1938 to 10/23, 1938

I last saw her alive on 10/23, 1938 Death is said to have occurred on the date stated above, at 2:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10/17/38
Diarrhea (Enteritis)	10/22/38
Subarachnoid Hemorrhage	10/22/38

Other contributory causes of importance:

Malnutrition	10/23
Dehydration	10/23

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leonard Levine M. D.

(Address) Univ. Hosp.

51412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51412

CERTIFICATE OF DEATH

12-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Charles F. Eck

(a) Residence: No. 1716 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 6th 1868

7. AGE: Years 69 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper - Hanger 52

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 50

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: August Eck

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Engle

16. BIRTHPLACE (city or town) (State or country): City

17. INFORMANT: Mrs. John W. Dinhardt
(Address) 1716 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Pk. Cemetery Date: 10/26/ 1938

19. UNDERTAKER: C. J. Jennings & Son
(Address) 1918 E. Lafayette Ave.

20. FILED: Huntington Williamsport

OCT 25 1938 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-18-38 1938 to Oct. 22, 1938

I last saw him alive on Oct 22 1938. Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
1. Uremia	10/19/38
2. ~~Strangulated Inguinal Hernia~~ with gangrenous intestine	

Other contributory causes of importance: Strangulated Inguinal Hernia with gangrenous intestine 10/19/38

Was an operation performed? Yes Date of 10/18/38

For what disease or injury? Strangulated Inguinal Hernia

Name of operation Release of Strangulation & resection

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) M. R. Arnold M. D.

(Address) St. Joseph's Hosp.

51413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51413

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Houpt. St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kurlinski

(a) Residence: No. 1745 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: Jacob

6. DATE OF BIRTH (month, day, year): 2-2-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: George

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Stanislaus Date: Oct 26 1938

19. UNDERTAKER: Wendell Hoppel
(Address): 1405 Gough St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16 1938 to October 23 1938

I last saw her alive on October 23, 1938. Death is said to have occurred on the date stated above, at 4.02 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumania	10-18-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation: clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

25 1938

H

✓ F 51414

51414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4310 Maine Av St. 28-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth 82 yrs. 7 mos. 15 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Charlotte Cordelia Merryman

(a) Residence: No. 4310 Maine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rev. C. G. Merryman

6. DATE OF BIRTH (month, day, year): March 9 1856

7. AGE: Years 82 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date decreased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Augustus R. Carter
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER
15. MAIDEN NAME: Mary A. Boyd
16. BIRTHPLACE (city or town) (State or country): Pikesville Penna.

17. INFORMANT: Mrs Alvon P. Sibeling (daughter)
(Address) 4310 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 26 1938

19. UNDERTAKER: STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 198 W. NORTH AVENUE

Huntington Williams, Registrar.

AUG 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and, from the evidence (Inquest, Autopsy or Inquiry) stated by said ..... and that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5-50 yrs.

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. Hanna Coroner, M. D.

(Address) 25 E. Hamilton

OCCUPATION is very important. See instructions on back of certificate.

51415

HEALTH DEPARTMENT—CITY OF BALTIMORE

51415

CERTIFICATE OF DEATH

36271 JS

34-D-94-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal to. City Hospt. St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Davis

If U. S. Veteran specify WAR

(a) Residence: No. 1220 N. Dallas St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 4-15-~~[illegible]~~ 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ..., 19...

19. UNDERTAKER

(Address)

20. FILED ..., 19... [illegible] Registrar.

OCT 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1938, to October 24, 1938

I last saw him alive on October 24, 1938. Death is said to have occurred on the date stated above, at 6 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Aug. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

51416

CERTIFICATE OF DEATH

11-a F 51416

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Bolton St., 14-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Mickle

If U. S. Veteran specify WAR .....

(a) Residence: No. 1435 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of 1863

6. DATE OF BIRTH (month, day, year) Jan 2 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	75	Jan	9	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) ... spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Mickle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Stephanie La Reintrie

16. BIRTHPLACE (city or town) (State or country) Havana Cuba

17. INFORMANT J. H. Jenkins Records
(Address) Orland & McCulloh Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date Oct 26 1938

19. UNDERTAKER Henry H. Jenkins & Co.
(Address) Orland & McCulloh Sts

20. FILED Oct 25 1938 Registrar. 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1938, to Oct 24th 1938

I last saw her alive on Oct 24th 1938. Death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Oct 19
Broncho Pneumonia	Oct 20th
Other contributory causes of importance:	
Pulmonary Edema	about

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation No

What test confirmed diagnosis? By symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Cleland M. D.

(Address) 109 W. Chase St

F 51417

51417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 157-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2332 Frederick Ave St.) (Ward) 20-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. , ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley N. Baile

If U. S. Veteran specify WAR

(a) Residence: No. 2332 Frederick Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5 38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Va

FATHER

13. NAME Addison Baile

14. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

MOTHER

15. MAIDEN NAME Louise Bush

16. BIRTHPLACE (city or town) (State or country) Hanover Va

17. INFORMANT Addison Baile

(Address) 2332 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hanover Co Date 10/25, 1938

19. UNDERTAKER William Feiser

(Address) 209 Carlisle St. Hanover Co.

25 1938

(Signed) Lester Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
& Premature	
Acute Gastro enteritis.	Oct 23
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W Hanna Coroner M. D.

(Address) 18 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

V 5 6

51418 V F 51418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Bowling

If U. S. Veteran specify WAR

(a) Residence: No. 616 E. Belmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 16 38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Charles Arthur Bowling

14. BIRTHPLACE (city or town) (State or country) Centerville S. C.

15. MAIDEN NAME Flonne Woods

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 25 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED Oct 25 1938 Huntington Williams, Registrar
4385

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Respiratory Collapse	14 hrs
Other contributory causes of importance: Prematurity	6 hrs

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Michael A. Abrams M. D.
(Address) 2360 Entaw Pl. Coroner

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK.

51419 ✓ F 51419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St., 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Thal

If U. S. Veteran specify WAR

(a) Residence: No. 224 N. Helton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie E Thal

6. DATE OF BIRTH (month, day, year) Oct 22 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Stephen Thal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hmann

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elsie E Thal

(Address) 224 N. Helton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 26 19 38

19. UNDERTAKER Harry A Pilpel

(Address) 4101 Edmondson Ave

Filed 25 1938 Thurlington Whitfield, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Inquiry thereon and from the evidence obtained by said Inquest / Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Uremia	Oct 21
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) M. D.

(Address) 1822 W Baltimore St

V S 8

✓ F 51420

51420 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. S.S. Melrose, Pier #3 Ward) Dry Dock

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dunning

If U. S. Veteran specify WAR

(a) Residence: No. Topsham, Maine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UnKnown

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) UnKnown

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Brunswick Maine Date 10-26 1938

19. UNDERTAKER Bernard C. Hale

(Address) 121 E. West St

Huntington Williams, M.D. Registrar

25 1938 ED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came
His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlargement of the Heart	
Cardiac Dilatation	

Other contributory causes of importance:
Pulmonary Oedema

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Auto

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (Signed) [illegible] M. D.
(Coroner)

(Address)

OCCUPATION is very important. See instructions on back of certificate.

S 6

51421 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51421

CERTIFICATE OF DEATH

X121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Helen Waldhauer Duffy

If U. S. Veteran specify WAR

(a) Residence: No. 287 N.E. 90th St. St., Ward. Miami Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Mr. Vincent Duffy

6. DATE OF BIRTH (month, day, year) Sept 19 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Watervliet N.Y.

FATHER

13. NAME John T. Waldhauer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Dowling

16. BIRTHPLACE (city or town) (State or country) Watervliet N.Y.

17. INFORMANT Vincent R Duffy

(Address) 287 N.E. 90th St Miami Fla.

18. BURIAL, CREMATION, OR REMOVAL

Place Albany N.Y. Date Oct 28 1938

19. UNDERTAKER Geo. M. Frick Son

(Address) 511 N Allen Ave

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1938, to 10-25, 1938

I last saw her alive on Oct 25, 1938. Death is said to have occurred on the date stated above, at 5.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-23-38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-17-38

For what disease or injury? Uterine Myoma & Chr appendicitis

Name of operation Supravaginal Hysterectomy & Appendectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Bronicet M. D.

(Address) Bon Secours Hospital

51422

HEALTH DEPARTMENT—CITY OF BALTIMORE

51422

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 26 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Komlasky

If U. S. Veteran specify WAR .....

(a) Residence: No. 621 S Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Komlasky

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Livan Kasapoowich

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Alexandra ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Komlasky
(Address) 621 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Russian G. A. Co. Date Oct. 26 1938

19. UNDERTAKER John A. Grebliunckas Jr.
(Address) 1423 S. Paca St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1938 to October 23, 1938

I last saw h[illegible] alive on October 21, 1938 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Rheumatic Heart disease	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hellcard Cohen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

51423 HEALTH DEPARTMENT—CITY OF BALTIMORE 51423

CERTIFICATE OF DEATH

31627 TS

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl. St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Taylor, Agnes

(a) Residence: No. 1306 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Georgella ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT D. C. B. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 10-26- 1938

19. UNDERTAKER Bibb Burnside & Wright
(Address) 1711 Bruce & Fremont Sts

20. FILED OCT 26 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938 to October 23, 1938

I last saw him alive on October 23, 1938. Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1938 about
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Santella M. D.

(Address) Baltimore City Hospitals

F 51421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51421

CERTIFICATE OF DEATH

1123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

(specify WAR)

2. FULL NAME Henry Moseley

(a) Residence: No. 1713 Brentwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Moseley

6. DATE OF BIRTH (month, day, year) June 9-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harrison Moseley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Pauline Scott

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Florence S. Moseley

(Address) 1713 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 10-26 1938

19. UNDERTAKER Bryant & Manning & Wright

(Address) 1717 Pine & Eldred St

20. FILED Nov 1 1938 Hamilton, Md. Registrar.

Nov 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1938

22. I HEREBY CERTIFY, That I last charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

learned in said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Oct 22 1938

Other contributory causes of importance:

over

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jesse S. Allen M. D.

Coroner

(Address) 30 Fayette St

OCCUPATION is very important. See instructions on back of certificate.

F 51425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51425

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital V 131

CITY OF BALTIMORE: (No. Wilkens & Edmondson St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ida S Parker

If U. S. Veteran specify WAR

(a) Residence: No. 18 Bennett Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Clarence J Hooper

6. DATE OF BIRTH (month, day, year) July 11-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Bloodroff

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ernest Hooper

(Address) 18 Bennett Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place London Pk. Date Oct 26 38

19. UNDERTAKER Geo. L. Boyer Jr

(Address) 15½ Holliday St

20. FILED OCT 26 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1938 to October 24, 1938

I last saw h[illegible] alive on October 24, 1938. Death is said to have occurred on the date stated above, at 3 13 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Apoplexy (cerebral)	10-23-38
Hypertensive Cardio-Vascular-Renal Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles V. Sweat M. D.

(Address) St. Agnes' Hosp. Balto

M. D. B 1268-9

51426

HEALTH DEPARTMENT—CITY OF BALTIMORE

51426

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Catonsville and Wilkens ave St.) (Ward) 20-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Noel

(a) Residence: No. 14 N. Rosedale St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Marshall Noel

6. DATE OF BIRTH (month, day, year) March 6-1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Incinerator Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME George E. Noel.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma E. Johns

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Anna M. Noel

(Address) 14 N. Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 26 19 28

19. UNDERTAKER Geo T. Beyer Jr.

(Address) 512 William St

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23. 1928

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Acute Cardiac Dilatation	10/23.

Other contributory causes of importance Playing foot ball and fell in College.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/23. 1928

Where did injury occur? Football field Druid Hills Pk

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public park.

Manner of injury Violent fall.

Nature of injury Shock. Acute Cardiac Dilatation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Hanna Coroner M. D.

(Address) 18 E. W. Baltimore St

E 51427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51427

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lownds

If U. S. Veteran specify WAR

(a) Residence: No. 817 Barnes Ct. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly

6. DATE OF BIRTH (month, day, year) 6-6-1867 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~68~~ ? 51	~~68~~	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Balto. City Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Harman, Md. Date Oct 29, 1938

19. UNDERTAKER McKaby R Williams (Address) 322 S Schroeder St

20. FILED 19 Registrar.

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1938 to 10-24, 1938

I last saw him alive on 10-24, 1938. Death is said to have occurred on the date stated above, at 5.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Bronchopneumonia	2 days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-15-1938

For what disease or injury?

Name of operation Suprapubic cystotomy - Prostatectomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Kirkwood Jr, M. D.

(Address) Balto City Hosp.

OCCUPATION IS VERY IMPORTANT. USE LITERAL TERMS. DO NOT USE TERMS OF DOUBTFUL MEANING.

Cemetery

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51428 F 51428

CERTIFICATE OF DEATH

V 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Keswick Rd St., 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James Edmund Wickens

If U. S. Veteran specify WAR .....

(a) Residence: No. 3616 Keswick Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Stelle Wickens

6. DATE OF BIRTH (month, day, year) Mar 15, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Wickens

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Cora Stelle Wickens
(Address) 3616 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Balto. Date Oct 27, 1938

19. UNDERTAKER J. Thomas Gill & Son
(Address) 361 N. Eastern Ave

20. FILED Oct 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to Oct 24, 1938

I last saw him alive on Oct 24, 1938 Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left lung	
Other contributory causes of importance:	
Anoxemia; carcinoma-tosis.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm R. McGaw Jr. M. D.

(Address) 1800 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

51429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51429

1. PLACE OF DEATH Jenkins Memorial Hosp. Registered No.

CITY OF BALTIMORE: (No. 1000 Caton Ave. St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Daniels If U. S. Veteran specify WAR

(a) Residence: No. Stemmers Run Balto. County, Md. Ward.

(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 Yrs.	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm Daniels

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Melody

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp.

(Address) 1000 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Date Oct. 27th 1938

19. UNDERTAKER Fred. Washington

(Address) 1701 Edmondson Ave.

20. FILED OCT 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1938 to October 25th, 1938

I last saw him alive on Oct 25th, 1938. Death is said to have occurred on the date stated above, at 3 AM m. Oct 25-38.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease.	
Cerebral Hemorrhage	5-22-36

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) Jenkins Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Koyne

51430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51430

CERTIFICATE OF DEATH.

V 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 616 Dumbarton Ave ST., 27-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loutta Mable Koyne

(a) RESIDENCE NO. 3907 Walnut Ave ST. Cardon WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Joseph Koyne Jr

6 DATE OF BIRTH (month, day, and year): May 22 1896

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House - Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Henry Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Catherine Odelia Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mary Eliz. Ellis

(Address) 616 Dumbarton Ave.

15 Died OCT 26 1938, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 25 1938

17 I HEREBY CERTIFY, That I attended deceased from November, 19 37, to Oct. 25, 38,

that I last saw her alive on Oct. 25, 1938

and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Carinoma of Breast

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes & Adenoma of thyroid (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No - Section after death.

What test confirmed diagnosis? None - Urine

(Signed) Frances A Ellis, M. D.

, 19 (Address) 616 Dumbarton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Oct 29 1938

20 UNDERTAKER: Fred L. Sassaman & Co.

ADDRESS: 7401 Belair Rd

51431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51431

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-W Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Coates (38023) If U. S. Veteran specify WAR

(a) Residence: No. 209 N. Arlington Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 26, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME John Coates

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Ophelia Blank

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Oct 28 1938

19. UNDERTAKER Joseph A. Lyles

(Address) 1211 Pennsylvania Ave.

20. FILED Oct 26 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1938, to October 24, 1938

I last saw her alive on October 24, 1938 Death is said to have occurred on the date stated above, at 11:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Apr 1935
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) x H. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See INSTRUCTIONS on BACK of this sheet.

51432

HEALTH DEPARTMENT—CITY OF BALTIMORE

51432

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

IF U. S. Veteran specify WAR

2. FULL NAME Benjamin Breeze

(a) Residence: No. 1011 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 7-1936

7. AGE: Years 2 | Months 1 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wayman Breeze

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Gertrude Holmes

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wayman Breeze

(Address) 1011 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/26/38

19. UNDERTAKER: Thos. E. Kelson

(Address) 803 Presstman St

20. FILED OCT 26 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): Oct 24, 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by me (and that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchial Pneumonia (Primary) — Date of onset Oct 22 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen M. D.

(Address) 607 Pennington Ave

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

$1433

HEALTH DEPARTMENT—CITY OF BALTIMORE

I 51433

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3rd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. if of foreign birth? 40 yrs. ... mos. ... da.

2. FULL NAME David Fisbler (FISHLER)

If U. S. Veteran specify WAR

(a) Residence: No. 243 S Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 10/26/38

19. UNDERTAKER Sol Levy Inc

(Address) 1439 E Balto St.

20. FILED Huntington Williams, M.D. Registrar.

OCT 26 1938

State CAUSE OF DEATH in plain terms. Do not use abbreviations or terms of occupation. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/38

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938 to Oct 25 1938

I last saw h[illegible] alive on Oct 25 1938 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	10/22/38
	Hour
Other contributory causes of importance:	
Pneumonia	10/18/38
Prostate hypertrophy 5 years	1932

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Dighy DeSales, M. D.

(Address) Sinai Hospital

51431 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51431

CERTIFICATE OF DEATH

✓ 53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 5-4 St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth 26 yrs. mos. ds.

2. FULL NAME Jacob Rubin

If U. S. Veteran specify WAR .....

(a) Residence: No. 2034 Preston Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dinca

6. DATE OF BIRTH (month, day, year) 3-15-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Reiba

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Dinca Ruben

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 10/26/38

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St.

DATE OCT 26 1938 19 .....

Registrar

Hunter Davidson Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25 . 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17 . 1938 to October 25 . 1938

I last saw him alive on October 25 . 1938 Death is said to have occurred on the date stated above, at 1.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset of each
Edema of Brain	
Post-operative Shock	24 hrs.
Other contributory causes of importance:	
Diabetes	2 yrs
Arteriosclerotic C-V Disease	

Was an operation performed? Yes Date of 10/24/38

For what disease or injury? Brain Tumor.

Name of operation Ventriculogram - Partial Excision Tumor

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stanley E. Bradley M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 51435 HEALTH DEPARTMENT—CITY OF BALTIMORE 51435

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 186-a cc

CITY OF BALTIMORE: (No. Bay View St., 6-1 Ward)

Registered No. 877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. , mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Marion J. Kragle

(a) Residence: No. 144 N. Ellwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto factory

10. Date deceased last worked at this occupation (month and year) 10/38

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles F. Kragle

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lillie F. Tilmes

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles F. Kragle Father

(Address) 144 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 27 1938

19. UNDERTAKER John A. Hagan

(Address) 3000 E. Balto. St.

OCT 26 1938 Hunting & Wills Inspector, H.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull Hemorrhage due to fracture	Oct 24th
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 24 1938

Where did injury occur? 37 N. Carey St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Stairs

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 111 N. Gould St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51436

CERTIFICATE OF DEATH

F 51436

Registered No.

1. PLACE OF DEATH Balto. City Hospital 117-E

CITY OF BALTIMORE: (No. Bay View St. 30-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Schroeder

U.S. Veteran (Specify WAR)

(a) Residence: No. 2228 Booth St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Schroeder (d)

6. DATE OF BIRTH (month, day, year) June 11 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob Schroeder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Small

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Schroeder (Address) 2228 Booth St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Date Oct 27, 1938

19. UNDERTAKER Joe Doctherer Son (Address) 217 E. Lafayette St.

20. FILED OCT 26 1938 Registrar Hunting for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, Surgical and Peritonitis, Result of Perforating Ulcer of Stomach.	Oct. 24 1938
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 24 1938

For what disease or injury? Peritonitis

Name of operation Laparotomy Date of 24 1938

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Oct. 24, 1938

Where did injury occur? Balto. City Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bed on operating table

Manner of injury Perforating Ulcer of Stomach

Nature of injury Surgical Shock

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 8 6

51437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51437

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 W Mulberry St. 20th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Mrs Catherine B Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2021 W Mulberry St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E Smith

6. DATE OF BIRTH (month, day, year) Feb 2 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Timothy Moran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Martin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Agnes Jeffries
(Address) 2021 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 10/27/38

19. UNDERTAKER Lange & Bailey
(Address) Eastern & Fayette Sts

20. FILED Nov 1 1938

C 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Oct 25. 1938

I last saw her alive on Oct. 25. 1938, Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	4 Yrs
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Clinical. Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. M. Kerr, M. D.

(Address) 688 N. Fremont Ave.

OCCUPATION is very important. See instructions on back of certificate.

51438

HEALTH DEPARTMENT—CITY OF BALTIMORE

51438

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lavinia Blatchley (38179)

If U. S. Veteran specify WAR (No Record)

(a) Residence: No. 2417 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George H.

6. DATE OF BIRTH (month, day, year) June 9, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Unknown at 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home at 27

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Nicholas McCauley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Seitz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 27th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED OCT 26 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1938 to October 24, 1938

I last saw her alive on October 24, 1938. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis lungs	May 1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) L M Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

51439 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51439

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4504 York Road St. 27-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 1 mon. 9 ds. How long in U. S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Minnie N. O'Connell

If U. S. Veteran specify WAR .....

(a) Residence: No. 4504 York Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. Bartlett O'Connell

6. DATE OF BIRTH (month, day, year) Sept. 15, 1894

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	44	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month) and (year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George A. Hull

14. BIRTHPLACE (city or town) (State or country) ---------- Maryland

MOTHER

15. MAIDEN NAME Charlotte Hennigan

16. BIRTHPLACE (city or town) (State or country) ---------- Maryland

17. INFORMANT W. Bartlett O'Connell
(Address) 4504 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 10/27 '38

19. UNDERTAKER Henry H. Mears and Son
(Address) 802 N. Calvert St.

20. FILED ..... 19..... (Registrar)

OCT 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1938, to October 24, 1938

I last saw her alive on October 24, 1938. Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Malignancy	July, '38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip D. Lyon, M. D.

(Address) 423 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

51440

HEALTH DEPARTMENT—CITY OF BALTIMORE

51440

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 E. Clement St. 24-3 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Helen Piner

If U. S. Veteran specify WAR

(a) Residence: No. 136 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elijah Piner

6. DATE OF BIRTH (month, day, year) May 21, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Swansboro, (State or country) N. C.

FATHER

13. NAME Thomas Martin

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Margaret Heady

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Harrison Piner
(Address) 3132 Ravenwood Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Swansboro, N.C. Date Oct. 27, 1938

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.,

20. FILED OCT 26 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1938 to Oct. 24, 1938

I last saw h[illegible] alive on Oct 24 6.00 1938 Death is said to have occurred on the date stated above, at [illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Chronic Bronchitis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so,

(Signed) [illegible] M. D.
(Address) 1215 Hamilton

OCCUPATION is very important. See instructions on back of certificate.

8 CNY

51441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51441

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 235 S. Albemarle St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Annie D'Alesandro.
If U. S. Veteran specify WAR

(a) Residence: No. 235 Albemarle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race W
5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas Sr.
6. DATE OF BIRTH (month, day, year) March 19 1873
7. AGE Years 65 Months 7 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Al Stone
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto.

FATHER
13. NAME John Happiano
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Graciato
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Thomas D'Alesandro Sr.
(Address) 245 Albemarle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 29 1938

19. UNDERTAKER Martin W. S. Dyspal
(Address) 37 S. Eutaw St.

20. FILED Oct 26 1938

Starting for Williamsburg, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1938, to October 26, 1938
I last saw h[illegible] alive on October 26, 1938 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Obstruction	
Embolism	1 day

Other contributory causes of importance:
~~None~~
Arteriosclerosis

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Josh L. Valentine M.D.
(Address) 6 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

T 26 1938

M. D. P. 1965-9

F 51442

F 51442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts.) 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Citrano

(a) Residence: No. 518 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Joseph Citrano

6. DATE OF BIRTH (month, day, year) Nov 27 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
97	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr Henrick Citrano

(Address) 518 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 27 1938

19. UNDERTAKER John J Conway Jr

(Address) 1900 Eastern Ave

20. FILED Oct 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/1938

22. I HEREBY CERTIFY, That I attended deceased from 10/23/1938 to 10/25/1938

I last saw her alive on 10/25/1938 Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured neck of right femur.

Massive gastro intestinal hemorrhage caused uremia.

Other contributory causes of importance:

Generalized arteriosclerosis

Senile [illegible] renal disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 10/23/1938

Where did injury occur? 518 Washington Blvd

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fractured right femur (neck)

Nature of injury Surgery operation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is not sufficient. OCCUPATION is very important. See instructions on back of certificate.

CT 26 1938

51443 F 51443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. 9-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bernadette Clark

(a) Residence: No. 1404 Hanford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14 - 38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Raymond Clark

14. BIRTHPLACE (city or town) (State or country) ~~Virginia~~ Md.

MOTHER

15. MAIDEN NAME Catherine Greenthal

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT (Address) Raymond Clark Father 1404 Hanford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 10/27/38 19

19. UNDERTAKER (Address) Geo. J. Pfeifer Inc. 1900 Eutaw Pl.

20. FILED OCT 26 1938 Thomas J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938 to Oct 25, 1938

I last saw her alive on Oct 25, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	5 mos
Malnutrition	1 mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N.V. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Crumpt M. D.

(Address) St. Joseph's Hosp.

State whether birth, stillbirth, or still-born and plural births. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51444

CERTIFICATE OF DEATH

F 51444

1. PLACE OF DEATH Union Memorial Hosp. 7B

CITY OF BALTIMORE: (No. 33rd & Calvert St., 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 25 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Michael Schanze

(a) Residence: No. 6012 York Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dahlgren F. Schanze

6. DATE OF BIRTH (month, day, year) Jan 31st 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice-President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montee Publishing Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert C. Schanze

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Larkin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Dahlgren F. Schanze

(Address) 6012 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 27th 1938

19. UNDERTAKER Wm. J. Tielmer & Sons

(Address) North & Penna Aves.

20. FILED Oct 30 1938 Henry Wm. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/26/38. 19 to 10/24/38. 19

I last saw him alive on 10/24/38. 19 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	
Emphysema of lung (41)	over

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/15/38

For what disease or injury? Brain abscess

Name of operation Drainage brain abscess

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Hammond J. Degen, M. D.

(Address) .....

H

I CAUSE OF DEATH in plain terms. Indefinite and unsatisfactory answers cannot be accepted. OCCUPATION is very important. See instructions on back of certificate.

51445 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51445

CERTIFICATE OF DEATH

194-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 4830 Belle Air Road (St.) (Ward) 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charolette Lee Kirshner
If U. S. Veteran specify WAR

(a) Residence: No. 4830 Belle Air Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year): Sept 18-1938

7. AGE: 6 weeks 1 — If LESS than 1 day, hrs. or min. 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER
13. NAME: Abraham Kirshner
14. BIRTHPLACE (city or town) (State or country): Altoona Pa

MOTHER
15. MAIDEN NAME: Esther Martin
16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT: Esther Kirshner
(Address) 4830 Belle Air Road

18. BURIAL, CREMATION, OR REMOVAL
Funeral Home Date 10/26/38
Interment Jewish Sinai Park
19. UNDERTAKER: Jos. Levy & Son
(Address) 1439 E. Baltimore St

20. FILED ... 19... Registrar.
OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/26/1938

22. I HEREBY CERTIFY, That I attended deceased from October 24 1938 to October 26 1938. I last saw h[illegible] alive on October 25 1938. Death is said to have occurred on the date stated above, at 9 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation from aspiration of vomitus	Oct 24, 1938
Other contributory causes of importance: Cold.	Oct 23, 1938

Was an operation performed? no Date of
For what disease or injury?
Name of operation none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Not Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Radmer M. D.
(Address) 2328 Calvert Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51446

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. 119

CITY OF BALTIMORE: (No. ... St. 7-5 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. 30 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Zoran — If U. S. Veteran specify WAR

(a) Residence: No. Nicholson Rd St. Essex Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-30-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Leonard Zoran
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Johns Hopkins Medical School Date OCT 26 1938
COMMISSIONER OF HEALTH

19. UNDERTAKER (Address) For H. L. Moore

20. FILED Huntington Williams M.D. (Registrar)

OCT 26 1938

4386 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938 to Oct 24, 1938
I last saw her alive on Oct 24, 1938 Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Acute nutritional disturbance with diarrhea	
Other contributory causes of importance:	

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Wm. C. Stopler Jr. M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last Birthday in OCCUPATION is very important. See instructions on back of certificate.

Margie L. Brannan ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

51447 F 51447

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial St. 12th Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. ~~Jno. Boone~~ Margie L. Brannan

If U. S. Veteran specify WAR .....

(a) Residence: No. 3472 Falls Rd. Balto Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm B. Brannan

6. DATE OF BIRTH (month, day, year) March 2-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Union Bridge (State or country) Maryland

FATHER

13. NAME Mordecai Bosnell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ann Simmons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm B. Brannan

(Address) 3472 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 27. 1938

19. UNDERTAKER Isaac E. Burgee

(Address) 3431 Falls Road

20. FILED ..... 19 .....

..... Registrar.

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1938, to 10-24, 1938

I last saw her alive on 10-27, 1938. Death is said to have occurred on the date stated above, at 10 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pseudomucinous papillary cystadenoma of ovary-(?)	
(2) Carcinomatosis, ovarian	
(3) Adenocarcinoma - ovary - ?	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 28, 1937

For what disease or injury?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Surgery? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Douglas H. Stone

(Signed) Union Memorial Hosp. M. D.

(Address) .....

GIVE CAUSE OF DEATH in plain words, do not use abbreviations or technical terms. OCCUPATION is very important. See instructions on back of certificate.

1-1

51448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51448

89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital G-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Francis Grabowski

If U. S. Veteran specify WAR .....

(a) Residence: No. Marley Neck Road St., aaCo Md Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Fuller Grabowski

6. DATE OF BIRTH (month, day, year) February 15 - 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davis Chemical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernard Grabowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Marie Grabowski - wife

(Address) Marley Neck Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross aaCo Md Date Oct 27, 1938

19. UNDERTAKER William B Mareck

(Address) 702 Light St

20. FILED Huntington Williams, Registrar

OCT 26 1938

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1938 to October 24, 1938

I last saw him alive on October 24, 1938 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Streptococcic meningitis	Oct 21 '38
Other contributory causes of importance:	
Otitis media	Oct 17 '38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry S. Trimble M. D.

(Address) Sydenham Hospital

MAKE CAUSE OF DEATH in plain terms. Indefinite or unusual terms not acceptable. OCCUPATION is very important. See instructions on back of certificate.

VS 3

51449 HEALTH DEPARTMENT—CITY OF BALTIMORE 51449

CERTIFICATE OF DEATH

√ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Clarkson St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine A Hailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 1315 Clarkson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm L. Hailey

6. DATE OF BIRTH (month, day, year): Oct. 17. 1874

7. AGE: Years 64 | Months | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Patrick Conway

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Kate McNulty

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT: Wm A Hailey

(Address) 1222 S Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 10/29/1938

19. UNDERTAKER: Margaret G. Flynn

(Address) 1452 Light St.

Filed: OCT 27 1938 Registrar.

CT 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/26, 1938

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from July 6th, 1938 to Oct 26, 1938

I last saw her alive on Oct 26th, 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Hypertensive Cardio-vascular Disease	2
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P. T. Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Hailey M. D.

(Address) 1224 S Carey St.

Information called for on this certificate is necessary for the registration of the cause of death. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51450 F 51450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1911 E Federal St St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha A. Breckenbridge

If U. S. Veteran specify WAR .....

(a) Residence: No. 1911 E Federal St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Breckenbridge

6. DATE OF BIRTH (month, day, year) Mar 9- 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
70	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Charles Sargent

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME McKinnon

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John M Breckenridge

(Address) 1911 E Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date 10-27-38

19. UNDERTAKER Blendell C. Humphreys

(Address) 1521 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-38 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1938 to Oct 24 1938

I last saw her alive on Oct 24 1938 Death is said to have occurred on the date stated above, at 11,30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 wks
Insufficiency	
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edw. E. Zimmerman M. D.

(Address) 2358 Harford Rd.

Information called for on this certificate is required by law. Please answer questions in ink and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1938

51451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51451

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Good Shepherd Gen Hospital (St.) (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith E. Henson

If U.S. Veteran specify WAR

(a) Residence: No. 212 Madison W St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James E. Henson

6. DATE OF BIRTH (month, day, year): Dec 5th 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Sept 10 1938

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Saint Marys Co., Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): James E. Henson 1123 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Saint Peters Cemetery Date: Oct 26th 38

19. UNDERTAKER (Address): Archibald Abadie 2101 McCulloh St

20. FILED: [illegible] Registrar

OCT 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25 38

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Oct 25 38

I last saw h[illegible] alive on Oct 25 1938 Death is said to have occurred on the date stated above, 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	? ? 1

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) S B Hughes M. D.

(Address) 1413 Linden Hall Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51452

HEALTH DEPARTMENT—CITY OF BALTIMORE

51452

CERTIFICATE OF DEATH

✓ 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 2600 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Mencke

If U. S. Veteran specify WAR

(a) Residence: No. 3671 Philadelphia Rd St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August C. Mencke

6. DATE OF BIRTH (month, day, year) Oct. 7th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Schneider

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Clarence Mencke

(Address) 4104 Belleview Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Oct. 27 1938

19. UNDERTAKER Henry Sander & Son, Inc. Geo. F. Sander.

(Address) Baltimore St. & Broadway

20. FILED Oct 27 1938 [illegible] Registrar.

OCT 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/ , 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 24/ , 19 38 to 10/24/ , 19 38

I last saw her alive on 10/24/ , 19 38 Death is said to have occurred on the date stated above, at 9.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Coma ? Cause unknown ?	10/24/38
	10/24/38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Rodney Peterkin, M. D.

(Address) Sinai Hospital

This information should be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION

Young

51453 HEALTH DEPARTMENT—CITY OF BALTIMORE 51453

CERTIFICATE OF DEATH V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Laurens St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James E. Young

If U. S. Veteran specify WAR

(a) Residence: No. 510 Laurens St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza H. Young

6. DATE OF BIRTH (month, day, and year) February 16 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Surry Co., Va.

FATHER

13. NAME Edward Young

14. BIRTHPLACE (city or town) (State or country) Surry Co. Va.

MOTHER

15. MAIDEN NAME Sarah Bundy

16. BIRTHPLACE (city or town) (State or country) Surry Co. Va.

17. INFORMANT Eliza H. Young

(Address) 510 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date Oct. 26 1938

19. UNDERTAKER Mrs. Ella H. Hoglund

(Address) 1631 Druid Hill Ave.

20. FILED OCT 27 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24 1938

22. I HEREBY CERTIFY, That I attended deceased from January 3 1935 to October 24 1938

I last saw him alive October 23 1938. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 727 Madison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

F 51454

51454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1968 BELAIR RD. St., 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MAGDALENA STERBLING

If U. S. Veteran specify WAR

(a) Residence: No. 1968 BELAIR RD. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOSEPH STERBLING

6. DATE OF BIRTH (month, day, year) MAR. 21/1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY.

FATHER

13. NAME JOHN WEBER.

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT FRANK J. STERBLING (SON)

(Address) 1968 BELAIR RD.

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN Date OCT. 29 38

19. UNDERTAKER Sally & Zeiler Inc

(Address) 40[illegible] S. WOLFE ST.

20. FILED OCT 27 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT. 25. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

Information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51455

HEALTH DEPARTMENT—CITY OF BALTIMORE

51455

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital 24-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Morgan.

If U. S. Veteran specify WAR

(a) Residence: No. St. Joseph's Hospital St. ... Ward.

(Usual place of abode) 1407 Hull st (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Morgan

6. DATE OF BIRTH (month, day, year) June 18, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co, Md

FATHER

13. NAME Christ - Lotts.

14. BIRTHPLACE (city or town) (State or country) Balto, Co, Md

MOTHER

15. MAIDEN NAME ? Weisner

16. BIRTHPLACE (city or town) (State or country) Balto, Co, Md

17. INFORMANT Wm Morgan

(Address) 1407 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood / Cem Date 10/29 1938

19. UNDERTAKER Leonard J. Carrington

(Address) ~~1407~~ 21 W. 25th St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased (from Oct. 17, 1938 to Oct 25, 1938

I last saw her alive on Oct 25, 1938 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Abdominal Carcinomatosis	9/18/38
	COPY

Other contributory causes of importance:

Hypertension

Was an operation performed? Yes Date of 10/19/38

For what disease or injury? Pelvic Mass (Malignancy)

Name of operation Laparotomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. R. Tennyson M. D.

(Address) St. Josephs Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone not sufficient. OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

51456 51456

CERTIFICATE OF DEATH

OGK--V 34-943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-1 Ward) 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lesser

If U. S. Veteran specify WAR .....

(a) Residence: No. 2859 Pelham Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 7-15-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Dept. (City)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Annie Mazer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Oct 29-38 Holy Cross Cemetery 19

19. UNDERTAKER H. S. Oster & Son (Address) 2001 Pinkney Ave

20. FILED ..... 19.... Registrar.

OCT 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to October 26, 1938

I last saw him alive on October 26, 1938. Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Coronary occlusion	10-26-38

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51457 HEALTH DEPARTMENT—CITY OF BALTIMORE 51457

CERTIFICATE OF DEATH √ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 Linden Ave. St. 13-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rose Landauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2125 Linden Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Landauer,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Mela,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Landauer,
(Address) 2125 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Heb. Cem. Date Oct. 27, 19 38

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED OCT 27 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Oct 25, 1938
I last saw her alive on Oct 24, 1938. Death is said to have occurred on the date stated above, at 3⁴⁰ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Arteriosclerosis	
Chr. nephritis	
Myocarditis	

Other contributory causes of importance:
Fibroid tumor obstructing bowel and ureters

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Julius Friedenwald, M. D.

(Address) 1013 N. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

GKY

51458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51458

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals ✓ 22-a

CITY OF BALTIMORE: (No. Bay View St., 2-3-1 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Chas Crowner

(a) Residence: No. 927 S. Sharp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island Md.

MOTHER

13. NAME Chas Crowner

14. BIRTHPLACE (city or town) (State or country) Kent Island Md.

FATHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Kent Island Md.

17. INFORMANT Sarah Jennings

(Address) 927 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 28 1938

19. UNDERTAKER Wm. B. Purdy

(Address) for Wm. Leavitt Sr. Funeral Dir. Millville N.J.

20. FILED OCT 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct. 23/38
Other contributory causes of importance: Right inguinal hernia	Yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

U S 6

information should be carefully supplied. All the items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51459 Toodie Lemmon Leggett F 51459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 752 Walsche St. 4-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Toodie Lemmon Leggett

If U. S. Veteran specify WAR .....

(a) Residence: No. 752 Walsche St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lee Grant.

6. DATE OF BIRTH (month, day, year) July 6 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ernest Sanders.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Florence Jennings

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Florence Jennings

(Address) 752 Walsche St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 30 1938

19. UNDERTAKER Walter Rodgers

(Address) 1211 W. Baltimore St.

20. FILED OCT 27 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1938 to Oct 26, 1938

I last saw h[illegible] alive on Oct 24 1938 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Morley Stoag M. D.

(Address) 729 Wash. Blvd.

information should be carefully supplied. AGE should be stated EXACTLY. Attention is called to the importance of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F 51460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51460

92-a

Registered No. 1872

1. PLACE OF DEATH Bach City Hospital

CITY OF BALTIMORE: (No. Bay View St. 151 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Saul

(a) Residence: No. 352 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Saul (d)

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Moses Forrest

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Catherine Sathon Friend

(Address) 352 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 10-28 1938

19. UNDERTAKER Frances A. Hegwood

(Address) 528 N. Middle St.

20. FILED OCT 27 1938 Wilmer H. Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Hours
Other contributory causes of importance: Valvular heart disease	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood, M. D.

Coroner

(Address) 1712 N. Broadway

V 56

If not delivered within 10 days to the above address, please notify Health Department, Baltimore, Md.

P. S. Name of informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Svec

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51461 ✓ 59 F 51461

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 26-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Marie C. Ruen

(a) Residence: No. 5506 Summerfield Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of John C. Ruen

6. DATE OF BIRTH (month, day, year) November 13, 1897

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	40	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John Carr

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT John Ruen (Address) 5506 Summerfield Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date Oct 27, 1938

19. UNDERTAKER John F. Kernan (Address) 3000 E. Balto St.

20. FILED OCT 27 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goitre	
Diabetes Mellitus	

Other contributory causes of importance:

Diabetic Coma

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

INSTRUCTIONS: Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should obtain information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51462

CERTIFICATE OF DEATH

53-C

F 51462

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Tasco, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 502 N. Carlton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married-seperated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Tasco

6. DATE OF BIRTH (month, day, year) 9-16-16

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bellman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rennert Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Tasco, Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Edna Barrett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 10/28 1938

19. UNDERTAKER Mrs Katie K. Williams

(Address) 322 N. Schroeder St.

FILED OCT 27 1938 1938 Herrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 17. 1938 to October 25 1938

I last saw him alive on October 25 1938. Death is said to have occurred on the date stated above, at 5:32 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-5-38

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. De Lawder M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. A state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51463

CERTIFICATE OF DEATH

93 F 51463

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Arlington Ave. St., 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary E. Cragos

(a) Residence: No. 912 N. Arlington Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos Cragos

6. DATE OF BIRTH (month, day, year): Jan 7 1876

7. AGE: Years 62 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1907

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Middlesex Va

FATHER

13. NAME: Winson Bryant

14. BIRTHPLACE (city or town) (State or country): Middlesex Va.

MOTHER

15. MAIDEN NAME: Charlotte Robinson

16. BIRTHPLACE (city or town) (State or country): Middlesex Va

17. INFORMANT: Nazarine E. Hopkins

(Address) Philadelphia Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date 10/26 1938.

19. UNDERTAKER: Mrs Katie R. Williams.

(Address) 324 N Shroyer St.

Huntington Williams, W.Va.

OCT 27 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 22. 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Injury) ... and from the evidence obtained by said ... (Inquest, Autopsy or Injury) ... find that said deceased came ... 7 pm 8 40 pm

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C Ryan M. D.

Coroner

(Address) 1216 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. If infant, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

Annie R. White

51464 HEALTH DEPARTMENT—CITY OF BALTIMORE 51464

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Annie R. White

(a) Residence: No. 124 S. Jasper St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John

6. DATE OF BIRTH (month, day, year) 11-24-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~45~~ 45 ~~46~~	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delta, Md.
(State or country)

FATHER

13. NAME Benjamin Curtis

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Tillman

16. BIRTHPLACE (city or town) Delta, Md.
(State or country)

17. INFORMANT ... Delta City Home, Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct. 29, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ... 19... Registrar.

OCT 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1938, to October 25, 1938

I last saw her alive on October 25, 1938. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

Information should be given by person most competent to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51465

23

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1027 N. Central Ave (Ward) 1

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernie Robinson

(a) Residence: No. 1027 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Robinson

6. DATE OF BIRTH (month, day, year) June 15 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dorsey Saunders

14. BIRTHPLACE (city or town) (State or country) S/C

MOTHER

15. MAIDEN NAME Hope Hanson

16. BIRTHPLACE (city or town) (State or country) S/C.

17. INFORMANT Clemmie Saunders

(Address) 1027 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Burk Sville Va. Date Oct 27 19 38

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED Oct 27 1938 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/38

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to Oct 25 1938

I last saw h. alive on Oct 25 1938. Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Melena Intussusception	May 1938
	Oct

Other contributory causes of importance:

Pregnancy

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Benson Harris M. D.

(Address) 1307 N Carlton

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1938

F 51466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51466

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24-4 Ward)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 20 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Honora K. Koch (Cook)

If U. S. Veteran specify WAR .....

(a) Residence: No. 213 East Heath St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul L. Koch

6. DATE OF BIRTH (month, day, year) JUNE 6 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME JACOB FOHS

14. BIRTHPLACE (city or town) (State or country) NEW JERSEY.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Paul L. Koch.

(Address) 213 E Heath St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 10-29 1938

19. UNDERTAKER Bernard C. Harle

(Address) 121 E West St

20. FILED Oct 27 1938 Hamilton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 11 1938 to Oct 26, 1938

I last saw h.e.r. alive on Oct 26, 1938 Death is said to have occurred on the date stated above, at 9:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia & toxemia	
multiple abscesses	
Cardiac failure	Oct 26

Other contributory causes of importance:

Diabetes mellitus	
Obesity	

Was an operation performed? Incision & drainage of superficial abscesses Date of Sept 20

For what disease or injury?

Name of operation Incision & drainage

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify .....

(Signed) A. D. Mirkin, M. D.

(Address) Sinai Hosp.

F. B.—Entries should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51467 F 51467

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2134-82a Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Stone

If U. S. Veteran specify WAR

(a) Residence: No. 942 S. Paca St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stone

6. DATE OF BIRTH (month, day, year) 6/5/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 74	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Sarah McMullen

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT City Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cedar Hill Date 10-29, 1938

19. UNDERTAKER Bernard E. Hale

(Address) 121 E West St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 24, 38, to October 26, 1938

I last saw ~~he~~ alive on October 26, 1938. Death is said to have occurred on the date stated above, at 10.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-23-38
Other contributory causes of importance: Cerebral hemorrhage	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelly M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 29 1938

F 51468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 F 51468

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Janasen

If U. S. Veteran specify WAR

(a) Residence: No. 3102 Ellerslie Avenue Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	28/27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Janasen

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Zach

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT mother
(Address) 3102 Ellerslie Avenue

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Cem Co. Date 10-28 1938

19. UNDERTAKER Bernard C. Harle
(Address) 121 E. West St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 21 1938 to October 26 1938

I last saw h.im alive on October 26 1938 Death is said to have occurred on the date stated above, at 8 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngitis	10/15/38

Other contributory causes of importance:

Was an operation performed? Yes Date of October 25 1938

For what disease or injury? Laryngitis

Name of operation Tracheotomy

What test confirmed diagnosis? Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry S. Hurtell M. D.

(Address) Sydenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. Abbreviations should not be used. If not known, so state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 27 1938

3 50469 47

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-F 51469

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 27 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myra E Shaffer

If U. S. Veteran specify WAR

(a) Residence: No. 208 32nd St St., ... Ward. Parkway Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm

6. DATE OF BIRTH (month, day, year) 10-27-81

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Kough

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sarah (illegible)

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Harrisburg Pa Date Oct 31 1938

19. UNDERTAKER William Cough

(Address) 1219 N Paca Street

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938 to Oct 27, 1938

I last saw her alive on Oct 27, 1938 Death is said to have occurred on the date stated above, at 6 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Glioma (malignant)	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 7, 1938

For what disease or injury? Cerebral glioma

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Kenneth F. Sewall, M. D.

(Address) Johns Hopkins Hosp.

VR 3

INSTRUCTIONS.—WRITE PLAINLY. All items must be answered or the words "unknown" or "none" inserted where necessary to make a complete record. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51470 F 51470

CERTIFICATE OF DEATH

34-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Carr (22906)

If U. S. Veteran specify WAR .....

(a) Residence: No. 947 W. Baltimore St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) Sept. 26, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret Haynes

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

By Laurel Cemetery Date 10/27 1938

19. UNDERTAKER John J. Fahey & Sons

(Address) 1318 Light St.

20. FILED 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937 to October 21, 1938

I last saw him alive on October 21, 1938 Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulonephritis	June
c uremia	1935
Other contributory causes of importance:	
Tuberculosis of lungs	Jan 19

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. Note should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2.5

OCT 1938

51471

HEALTH DEPARTMENT—CITY OF BALTIMORE

51471

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 S. Culver St., 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma Voelkel

If U. S. Veteran specify WAR .....

(a) Residence: No. 152 S. Culver St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Voelkel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61			

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (003)

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Schaaf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Ganser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Henry Voelkel

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cem. Date 10/29/38

19. UNDERTAKER George L. Schnauer

(Address) 2121 Pittsfield Blvd

OCT 27 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1937 to Oct. 25, 1938.

I last saw her alive on Oct. 24, 1938 Death is said to have occurred on the date stated above, at 8:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio-Sclerosis Hemiplegia	3 years 2 days
Other contributory causes of importance: Hemorrhage of Brain	1 day

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) E. J. Moore M.D.

(Address) 276 Caldwell Ave

V. S.—WRITE PLAINLY, WITH LEAD PENCIL. All questions must be answered. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 51472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51472

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 5-1

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzo Palmer — If U. S. Veteran specify WAR

(a) Residence: No. 1263 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Fletcher Palmer (d)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sallie Garrison (d)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Josephine Haywood Friend
(Address) 1263 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Date

UNIVERSITY MEDICAL SCHOOL OCT 27 1938

Commissioner of Health

19. UNDERTAKER

(Address) Geo. A. Moore

20. FILED [illegible] 19 [illegible] Registrar

OCT 27 1938 4389

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	hours
Arterio-sclerosis	years
Valvular heart disease	long time

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

5.

E. B.—WRITE PLAINLY with pen and ink and avoid use of abbreviations. All items must be answered or the word "unknown" or the proper abbreviation inserted where information is not obtainable, but every effort should be made to obtain and furnish all information. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51473

51473 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View St., 6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Brown

(a) Residence: No. 7 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 25 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Mother refused to tell

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Anna Brown

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Anna Brown Mother

(Address) 17 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL OCT 27 1938

Place Date 19

Commissioner of Health City

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	Birth
Atelectasis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 172 N. Gay St.

I—WRITE PLAINLY, with pen and ink and fill in all items. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1938

4390

F 51474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 CC

Registered No. 1272

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Haun

(a) Residence: No. 3017 Erdman Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.,

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alton Haun

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Cadden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Haun (Mother)

(Address) 3017 Erdman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 27 1938 19

Cemetery or Crematory

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 19 Registrar.

OCT 27 1938

4391

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	Birth
Atelectasis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D.

Coroner

(Address) 1717 N. Bond St.

F 51474

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51475

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp.) St. 12-7 Ward)

Registered No. 67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bryant O'Brien

If U. S. Veteran specify WAR

(a) Residence: No. 2906 Bernard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) Sept. 12, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	44	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Stanley O'Brien

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Virginia Nelson

16. BIRTHPLACE (city or town) W. Va.
(State or country)

17. INFORMANT Stanley O'Brien
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER ...
(Address)

20. FILED ... 19 ... Registrar.

CT 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/25, 1938, to 10/26, 1938

I last saw h. alive on 10/25, 1938. Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Enlarged Thymus	
? Aspiration of Mucus	
Other contributory causes of importance:	

Was an operation performed? No. If so, date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. Robert White M. D.

(Address) C-1 The Gilman Apts.

OCT 27 1938
Commissioner of Health
Per H. K. Moore

3393 4

NOTE.—WRITE LEGIBLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51476

93-C

Registered No. 17-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 W. Franklin St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME KNUTE A. RIPPE

If U. S. Veteran specify WAR

(a) Residence: No. 645 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Andrew Rippe

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Frederick H. Carley
(Address) 645 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lansing, Iowa Date Oct. 28, 1938

19. UNDERTAKER Chas. P. Dand & Son Inc
(Address) 118 W. Saratoga St.

20. FILED , 19 Registrar

OCT 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938 to Oct 27, 1938

I last saw h alive on Oct 26, 1938. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hypertension	Oct 26, 38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. H. Fullerman M. D.

(Address) 2314 Eutaw Place

INSTRUCTIONS.—WRITE PLAINLY, with pen and ink. Fill in all items. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51477

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8-5 St., [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME R. Proctor Grace (GRACE) If U. S. Veteran specify WAR [illegible]

(a) Residence: No. [illegible] St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura D. Grace

6. DATE OF BIRTH (month, day, year) Dec 22 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0.009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Co.

10. Date deceased last worked at this occupation (month and year) [illegible] 1932

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) [illegible] Co.
(State or country) Maryland

FATHER

13. NAME Robert D. Grace

14. BIRTHPLACE (city or town) Harford Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Smith Irvin

16. BIRTHPLACE (city or town) [illegible] Co.
(State or country) Maryland

17. INFORMANT Mrs. Laura D. Grace
(Address) 5514 Belair Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 27, 1938

19. UNDERTAKER Thomas R. Kautzmann
(Address) 4611 Belair Road

20. FILED Oct 27 1938 Thomas W. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 19 38

22. I HEREBY CERTIFY, That I attended deceased from October 24, 19 38 to October 24, 19 38

I last saw h[illegible] alive on October 24, 19 38 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute Congestive Failure	
Other contributory causes of importance: Chronic Pulmonary Tuberculosis	
Chronic Nephritis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) M. R. Trump, M. D.

(Address) St. Joseph Hosp.

CT 27 1938

51478 F 51478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Rosalyn St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie Jewell

If U. S. Veteran specify WAR

(a) Residence: No. 2206 Rosalyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Jewell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Emily Eliza

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Miss Edith Jewell
(Address) 2206 Rosalyn

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Oct 28 1938

19. UNDERTAKER Chas. J. Clark
(Address) 742 W. North Ave.

20. FILED Huntington 19 1 Williams, Registrar.

CT 27 1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938 to Oct 26, 1938

I last saw h. alive on Oct 26, 19... Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial's	Oct 26
cardio Vascular	1938
Degeneration	
Other contributory causes of importance:	
Arthritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) John J. Evans M. D.

(Address) 612 W 40 St

N. B.—WRITE PLAINLY, WITH INDELIBLE PENCIL OR PEN AND INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51479

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N Montford Ave 8-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Diederich

If U. S. Veteran specify WAR

(a) Residence: No. 1820 N Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 28 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John J. Wright

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Sheffield

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Frostery
(Address) 1820 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 28th 1938

19. UNDERTAKER Leo. G. Leagh
(Address) 1703 N Patt Pk. Ave

20. FILED OCT 27 1938 Huntington Willings, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1938, to 10/25, 1938.

I last saw ... alive on 10/25, 1938. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10/4/38
Senile Exhaustion	10/21/38

Other contributory causes of importance:

Arteriosclerosis	8

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Asher E. Tilbury M. D.

(Address) 1929 McCulloh

S. B.—WRITE PLAINLY, WITH PENCIL OR PEN—DO NOT USE ABBREVIATIONS. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51480

× 34-F

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Lo Balto Genl. Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eddie Balfer
If U. S. Veteran specify WAR

(a) Residence: No. 415 Cambridge St. St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto Dry Dock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs Simmons
(Address) 415 Cambria St

18. BURIAL, CREMATION, OR REMOVAL
Place Prince Frederick Md Date Oct 29th 38

19. UNDERTAKER Leo F. Keogh
(Address) 1703 N Patterson Park Ave

20. FILED Huntington Williams, Md.
OCT 27 1938 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-23-38 19 to 10-26-38 19.
I last saw him alive on 10-26-38 19 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic cardiovascular disease, decompensated	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, what city

(Signed) Samuel L. Fox M.
(Address) Lo Balto Genl Hospital

S. B.—WRITE PLAINLY, WITH INK. READING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should study information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51481

CERTIFICATE OF DEATH

115-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 E Madison St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bolestaw Przyborowski

(a) Residence: No. 2822 Madison St., Ward.
(Usual place of abode) md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) oct 21-1929

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
9		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Stanley B. Przyborowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Veronika DeMbrinska

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Stanley B. Przyborowski
(Address) 2822 Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 10/29/38

19. UNDERTAKER John J. Rudo
(Address) 2329 Hudson st

20. FILED OCT 27 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26-1938

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1938 to Oct. 25 1938

I last saw h[illegible] alive on Oct. 25 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Peritonitis Abscess	
Extending into Right side of Neck	
Acute Myocarditis (Secondary)	
Myocardial Insufficiency due to Infection	

Other contributory causes of importance: Disease

Was an operation performed? Yes Date of Oct. 18, 1938

For what disease or injury? Abscess

Name of operation Incision and Drainage

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Andrew Przyborowski, M. D.

(Address) 2529 Eastern Ave.

S. B.—WRITE PLAINLY, WITH PENCIL OR PEN. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37944 19 F 51482

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Francis, Wozniak

If U. S. Veteran specify WAR .....

(a) Residence: No. 1106 E. Pratt St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-19-1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Wozniak

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Evestn ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date 10/29 19 38

19. UNDERTAKER Stephen J. Leatherman
(Address) 1220 S. Kenwood

20. FILED ... 19 ... Registrar.

OCT 27 1938

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 10/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1938 to 10/26, 1938

I last saw him alive on 10/26, 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE GASTRO-ENTERITIS	2 MONTHS
MARASMUS	1 MONTH
Other contributory causes of importance:	
ABCESS of NOSE	3 DAYS

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C/S+Dia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph M. Cook, M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT AND MUST BE FILLED OUT EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51483

CERTIFICATE OF DEATH

F 51483

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Street, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 6/11 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jessie Moore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm Anderson

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Dobbin Cem Date Oct. 29, 1938

19. UNDERTAKER H. E. Bailey

(Address) Darlington, Md

OCT 28 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Oct 27, 1938

I last saw her alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nutritional disturbance	7/30/38
bowel & diarrhea; Pneumonia	10/11/38
terminal	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stofler, Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51484

CERTIFICATE OF DEATH

XV 117-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Howard G Watson

If U. S. Veteran specify WAR .....

(a) Residence: No. Perryville Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — WIFE of: Helen W. Watson

6. DATE OF BIRTH (month, day, year): Dec 4, 1867.

7. AGE: Years: 70 | Months: 10 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cecil Co. Md.

FATHER

13. NAME: Isaac D Watson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Margaret Logan

16. BIRTHPLACE (city or town) (State or country): Cecil Co Md.

17. INFORMANT: Helen W. Watson

(Address) Perryville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Perryville, Md. Date Oct 28, 1938

19. UNDERTAKER: Lee A. Patterson

(Address) Perryville, Md.

20. FILED ..... 19 .....

Registrar.

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/24/38, 19 ..., to 10/27/38, 19 ...

I last saw her alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer & peritonitis	10/27/38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. L. Evans, M. D.

(Address) Md. Gen'l. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

51485 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51485

CERTIFICATE OF DEATH √ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 E. 20th St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth V. Bailey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 810 E 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of James. Bailey

6. DATE OF BIRTH (month, day, year) Aug 1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
about 71	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Elijah Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Browning

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Ada Roberts

(Address) 635 N. Bentalou st

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 28th 1938

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED Oct 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936 to Oct 25, 1938

I last saw her alive on Oct. 25, 1938 Death is said to have occurred on the date stated above, at 5:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance: Senile Psychosis Hypertension; Chr Nephritis

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Arthur C Menninger M. D.

(Address) 800 E North Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51486 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51486

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Northway Drive St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora Magdalene Heinmann

If U. S. Veteran specify WAR

(a) Residence: No. 3107 Northway Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John T. Heinmann

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary E Rauch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elsie Heinmann
(Address) 3107 Northway

18. BURIAL, CREMATION, OR REMOVAL
Place Lot on York Date 1931

19. UNDERTAKER Wilson Corbett
(Address) 217 E Saratoga St

OCT 28 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937 to Oct 27, 1938

I last saw her alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 1:50 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic adeno Carcinoma of Ovary	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 29/37

For what disease or injury? Carcinoma

Name of operation Hysterectomy

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry K Hyde M. D.

(Address) 1100 E Lexington

B.—WRITE PLAINLY, WITH INKING, INK—THIS IS A PERMANENT RECORD. Full information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VD 3

F 51487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51487

CERTIFICATE OF DEATH

X 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Miles

IF U. S. Veteran specify WAR.

(a) Residence: No. Ferndale R 4 Co. Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

3a. If married, widowed, or divorced HUSBAND of Clemy Miles

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber business

10. Date deceased last worked at this occupation (month and year) 10/24/38

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Rockingham N. C

FATHER

13. NAME Jacob Miles

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Jennie Harrison

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Andrew Miles

(Address) Glenburnie. Md

18. BURIAL, CREMATION, OR REMOVAL Anna. Co. Md

Place St. Lukes. cem Date Oct 28 38

19. UNDERTAKER James A Hayes

(Address) 142 Usher St

20. FILED

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 hr
Other contributory causes of importance: Gen. Arterio Sclerosis	1½ yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael N. Adams M. D.

Coroner

(Address) 2360 Eutaw place

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51488

HEALTH DEPARTMENT—CITY OF BALTIMORE

51488

CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. Charles S. Austin Sr.

If U. S. Veteran specify WAR None.

(a) Residence: No. 3036 Abell ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Caroline Austin.

6. DATE OF BIRTH (month, day, year) April 4, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive Offs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John I Austin

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Franklin S. Austin

(Address) 2181 E. 32nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct. 31, 1938

19. UNDERTAKER J. Fenwick Sons Co

(Address) 1300 E. Monument

20. FILED Oct 28 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1938, to October 27, 1938.

I last saw him alive on October 26, 1938. Death is said to have occurred on the date stated above, at 2:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic resection	10/6/38
Other contributory causes of importance: Perineal abscess	

Was an operation performed? yes Date of October 6, 1938.

For what disease or injury? Benign hypertrophy of prostate

Name of operation Transurethral resection

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F L Graff, M. D.

(Address) Md General Hospital

• N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oct 28 1938 IC

HEALTH DEPARTMENT—CITY OF BALTIMORE

51489 51489

CERTIFICATE OF DEATH

78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 26-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Lemke Louise E. Lemke

If U. S. Veteran specify WAR

(a) Residence: No. 3208 E. Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Bernard Lemke

6. DATE OF BIRTH (month, day, year) August 20-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

FATHER

13. NAME James A. Wilson

14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

MOTHER

15. MAIDEN NAME Emma Elliot

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

17. INFORMANT Husband

(Address) 3208 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 10-29 1938

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1938 to October 27, 1938

I last saw her alive on October 27, 1938. Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	Oct 19 38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy, L P + cultures Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry S Lemke M. D.

(Address) Sydenham Hospital

* N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51490

CERTIFICATE OF DEATH

93-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy A Vincent

If U. S. Veteran specify WAR .....

(a) Residence: No. 1031 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/5/1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Perry Vincent

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Frances Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Fleming (Antelmino) (Address) 1031 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Lawn Date 10/29/38

19. UNDERTAKER Lemmon W. Russ & Son (Address) 628 N. Eutaw St.

20. FILED OCT 28 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1937 to Oct. 26, 1938

I last saw h... alive on Oct. 26, 1938 Death is said to have occurred on the date stated above, at 1:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial degeneration	
Other contributory causes of importance:	
Hypertrophic Arthritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. Walter Thewitz M. D.

(Address) 201 N Carey St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51491 F 51491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nelly F. Hayes or Haye

If U. S. Veteran specify WAR .....

(a) Residence: No. 1625 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William

6. DATE OF BIRTH (month, day, year) 3/29/1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	47	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Stephens ?

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 29, 1938

19. UNDERTAKER Mrs. Geo. L. Holland
(Address) 1631 Druid Hill Ave.

20. FILED OCT 28 1938 ....., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26/38, 19

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1938 to October 26, 1938

I last saw her alive on October 26, 1938. Death is said to have occurred on the date stated above, at 935 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-13-38
Other contributory causes of importance:	
Diabetes mellitus	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. de Lamotte M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 51492

F 51492 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Harlem Ave St., 16th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Harriet mathilda Wheatley

(a) Residence: No. 1210 Harlem Ave St., 16th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Thomas Wheatley

6. DATE OF BIRTH (month, day, year) Jan 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Talbot County Maryland

FATHER

13. NAME Thomas Bentley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rachel Burse

16. BIRTHPLACE (city or town) (State or country) Talbot County Maryland

17. INFORMANT Lillian Bertina Johnson

(Address) 1210 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Oct 29 1938

19. UNDERTAKER J. P. Lowery

(Address) 519 Mosher St

20. FILED OCT 28 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1938 to Oct 26 1938

I last saw h—A alive on Oct 24th 1938 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1935
Cerebral hemorrhage	10-24-38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John G. J. Campbell M. D.

(Address) 639 N. Carey St

F 51493 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51493

CERTIFICATE OF DEATH

34-F-131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank McKill

If U. S. Veteran specify WAR

(a) Residence: No. 620 W. Cross St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Odd

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Annie Melvin
(Address) 1016 S. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 29th 1938

19. UNDERTAKER Elroy O. Wilson
(Address) 1000 Edmondson Ave

20. FILED OCT 28 1938 Clinton E. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10 hrs

Other contributory causes of importance:
Chr Cardio Vascular Renal Disease Fourth | 3 yrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 7360 Eutaw Place

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 66-B F 51494

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Cora Jane Manty

If U. S. Veteran specify WAR

(a) Residence: No. Middletown Maryland St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elias Manty

6. DATE OF BIRTH (month, day, year): March 15, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Middletown Frd. Co. Md.

FATHER

13. NAME: Lawson Summers

14. BIRTHPLACE (city or town) (State or country): Frederick Co.

MOTHER

15. MAIDEN NAME: Ella Hoff.

16. BIRTHPLACE (city or town) (State or country): Frederick Co.

17. INFORMANT: Lee Manty

(Address): Mt. Airy Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Boonsboro Md. Date: Oct 31, 1938

19. UNDERTAKER: C. O. & D. Bart & Son

(Address): Boonsboro Md

20. DATE: OCT 28 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938, to Oct 27, 1938

I last saw her alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Failure - H. ade	
Post operative Thyroid crisis	
Hyperthyroidism	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 26 1938

For what disease or injury? Nodular Goiter & hyperthyroid

Name of operation Sub-total thyroidectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard W. Wilson Jr. M. D.

(Address) Union Memorial Hosp

* N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 0 5

E 51495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38280-TS

E 51495

82-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Crismer

If U. S. Veteran specify WAR no.

(a) Residence: No. 1233 N. Gay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) 7-4-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alexander Crismer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Gertrude Salisbury

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date 10/29/38 19

19. UNDERTAKER Geo. J. Pfeltz Son

(Address) 735 Washington Ave.

20. FILED Washington Williams Registrar

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 22. 1938 to October 27. 1938

I last saw her alive on October 27. 1938. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-23-38
Other contributory causes of importance: Cerebral Hemorrhage	Oct. 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Sanble M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51496

Registered No. 47-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 N. Belnord Ave) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emanuel Frangl

If U. S. Veteran specify WAR

(a) Residence: No. 638 N. Belnord Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Frangl

6. DATE OF BIRTH (month, day, year) Octo 9 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Emanuel Frangl

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Marie Frangl (wife)
(Address) 638 N. Belnord, Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem Date 10/29/38

19. UNDERTAKER Charles E. Schinnerer
(Address) 3602 E. Madison, St.

20. FILED Huntington Williams, Registrar

OCT 28 1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Septmb 14, 1938, to Octob 25, 1938

I last saw h alive on Oct 25, 1938. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	1938
Carcinomatosis of Lum, Peritonaeal,	1938
as	
Other contributory causes of importance:	
Pneumonia	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. V. Bishop, M. D.

(Address) 501-503 S Hendrix

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K

51497 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 51497

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Baker Shanks

If U. S. Veteran specify WAR No.

(a) Residence: No. Arnold Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta E. Shanks.

6. DATE OF BIRTH (month, day, year) Aug 27. 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44.	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent

10. Date deceased last worked at this occupation (month and year) Oct 8. 1938

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Morris Shanks.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME May Baker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Etta E. Shanks.

(Address) Arnold. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 29. 1938

19. UNDERTAKER Mrs. Mrs. John W. Geupel & Son

(Address) 801 W. Fayette St.

20. FILED OCT 28 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th. 1938. to Oct. 27 1938

I last saw him alive on Oct 27th 1938 Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10-21-38
Pulmonary embolism. (Fatal)	
Other contributory causes of importance: Pott's Fracture, rt leg.	10-7-38

Was an operation performed? Yes. Date of 10-20-38

For what disease or injury? Ulceration left leg. Pott Fracture rt leg

Name of operation Excision ulcer, left leg Reduction Fracture rt leg

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10-7-38

Where did injury occur? Home, Arnold, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. E. Muse M. D.

(Address) St Agnes Hospital

2. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51498

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-4 Ward) 171

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Sue S. Meranski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1910 W North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Sgle.

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Husb

6. DATE OF BIRTH (month, day, year) March 10-33

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
5	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel T. Meranski

14. BIRTHPLACE (city or town) (State or country) Hartford Conn.

MOTHER

15. MAIDEN NAME Jennett T. Goldberg

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Dr. Meranski

(Address) 1910 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date 10/28/38

19. UNDERTAKER Jas. Lewis Inc.

(Address) 1139 E. Baltimore St.

20. FILED OCT 28 1938 Registrar.

Huntington Publishing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Oct 28, 1938.

I last saw h[illegible] alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis & Toxemia	
& Paralytic Ileus	
Appendectomy abscess	
Other contributory causes of importance:	

Was an operation performed? Yes; Date of Oct 25, 1938

For what disease or injury? Acute Appendicitis

Name of operation Drainage of abdomen

What test confirmed diagnosis? — Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond Lyons, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 28 1938

M. D. B 1268-9

Gorman

F 51499

F 51499 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 E. Eager St., 10 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John A Gorman

(a) Residence: No. 525 E. Eager St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha J. Gorman

6. DATE OF BIRTH (month, day, year) June 24, 61

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 70 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Gorman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife Mrs. Bertha J. Gorman
(Address) 525 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Oct 29, 1938

19. UNDERTAKER Edward W. Coblentz, Son
(Address) 134 E. Eager St.

20. FILED Huntington Williams, Registrar.

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Hypertension	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Paul Schenthey Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

E 51500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51500

CERTIFICATE OF DEATH

5-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5-C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. Gunther

If U. S. Veteran specify WAR .....

(a) Residence: No. 1913 Chelsea Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Regina L. Gunther

6. DATE OF BIRTH (month, day, year): Dec. 3 1867

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Martin Gunther

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elsie Klein

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Regina Gunther
(Address) 1913 Chelsea Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 31, 1938

19. UNDERTAKER: Martin Zafery Sons
(Address) 1827 W North Ave

20. FILED ... 19... Huntington Williams, Registrar.

H

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1938 to October 27, 1938

I last saw him alive on October 21, 1938. Death is said to have occurred on the date stated above, at 5:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate & Metastasis	4 months ago
Urinary Obstruction	1 mo. ago
Uremia	1 mon. ago
Lobar Pneumonia	2 days ago

Other contributory causes of importance:
Arteriosclerotic C.V. Disease
Emphysema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stanley L. Bradley, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51501

01 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

PLACE OF DEATH

Registered No.

f OF BALTIMORE: (No. University Hospital St., 7-5 Ward)

(If death occurred a hospital or institution give its NAME instead of street and number.)

ength of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. d

2. FULL NAME Charles Godwin Cornick

If U. S. Veteran specify WAR

(a) Residence: No. 1530 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a. If married, widowed, or divorced HUSBAND of Edna Cornick

6. DATE OF BIRTH (month, day, year) Oct 12. 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work done, as silk mill, saw mill, bank, etc. Gen. Steamboat Industry

10. Date deceased last worked at this occupation (month and year) 10.25.38

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va

FATHER

13. NAME Samuel L. Cornick

14. BIRTHPLACE (city or town) (State or country) Norfolk, Va

MOTHER

15. MAIDEN NAME Bettie Godwin

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Edna Cornick (wife)

(Address) 1530 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Oct. 29 38

19. UNDERTAKER Robert L. Gourley

(Address) 804 W. Caroline St.

Huntington Williams, Jr. Asst.

OCT 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	} 1/2 hr
Pulmonary Edema	
Other contributory causes of importance:	
Chr. Cardio-Vascular Renal Disease	1 yr

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? clinical autopsy findings Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Abrams M. D.

Coroner

(Address) 2360 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 51502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51502

CERTIFICATE OF DEATH

CGK--37482 48

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Williams

(a) Residence: No. 1505 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) Sept. 10, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	34	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME John Sparks

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Alice Jackson

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester Va. Date Oct 28 '38

19. UNDERTAKER Mrs. George N. Holland
(Address) 1631 Druid Park Ave

20. FILED ..... 19.. by .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1938 to 10-27, 1938

I last saw her alive on 10-26, 1938 Death is said to have occurred on the date stated above, at 6.05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

OCT 28 1938

V8 8

F 51503

51503 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Bessie Trainor

If U. S. Veteran specify WAR

(a) Residence: No. 438 N. Robinson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bernard J. Trainor

6. DATE OF BIRTH (month, day, year) May 29 1885

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
53	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Doran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Brian

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bernard Jr Trainor

(Address) 438 N Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 29, 38

19. UNDERTAKER John S. Doran

(Address) 3000 E Pratt St.

20. FILED Huntington Williams Registrar Nov 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1938, to Oct. 26, 1938

I last saw her alive on Oct 25, 1938 Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute ruptured appendicitis and peritonitis	10, 2, 38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10, 23, 38

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) Md Gen Hosp

OCCUPATION

28 1938

51504

F 51504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N Bond St. E-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frances Markland

If U. S. Veteran specify WAR

(a) Residence: No. 1605 N Bond St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of Mary E. Markland

6. DATE OF BIRTH (month, day, year) May 4 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agency

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Marcus E. Markland

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Carol E. Nagle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mary E. Markland
(Address) 1605 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct 29th 1938

19. UNDERTAKER J. Fred Tietjen & Sons
(Address) Baltimore

20. FILED Oct 28 1938 Thomas J. Cunnane, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1938 to October 26, 1938

I last saw him alive on October 26, 1938 Death is said to have occurred on the date stated above, at 7:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	10-22-38.
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Albert E. Simpwald, M. D.
(Address) 1613 E. North Ave.

OCCUPATION: See instructions on the back of this sheet

OCT 28 1938

V83

3 pt

51505 F 51505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward) 5-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leslie Henry Traeger

U. S. Veteran specify WAR

(a) Residence: No. 1804 Warwick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Helen R. Traeger

6. DATE OF BIRTH (month, day, year) April 17 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Business Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1945

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

FATHER

13. NAME Wilbur Henry Traeger

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Seidsinger

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Helen R Traeger

(Address) 1801 Bradbrook Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Oct 29 19

19. UNDERTAKER J. Hughes Poe

(Address) Catonsville Md

DATE RECD Oct 28 1938 Huntington Williams, Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 8.06

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	
Exhaustion	

Other contributory causes of importance: Cirrhosis of Liver

Was operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably accident Date of injury 10/27/ 1938

Where did injury occur? In front of 1734 Washington (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury Struck head in falling while on a high, was struck by fists in right

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 126 Saratoga

51506 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51506

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH Union Memorial Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 1600 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William J Murray If U. S. Veteran specify WAR

(a) Residence: No. 2753 W North Ave St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Oct 19, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
~~55~~ 56	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Safeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hochschild Kohn Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clinton Iowa

FATHER

13. NAME Patrick Murray

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Elizabeth Wallace

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 31, 1938

19. UNDERTAKER William J Jackson's Sons
(Address) 202 E Centre Ave

20. FILED ..., 19.. ..., N. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938 to Oct 27, 1938

I last saw him alive on Oct 27, 1938 Death is said to have occurred on the date stated above, at 2:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 1938
Other contributory causes of importance:	
Arteriosclerotic heart disease	?

Was an operation performed? No Date of

For what disease or Injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. H. Mason Knox M. D.
(Address) Union Memorial Hosp.

28 1938 H R 3961

51507 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51507

CERTIFICATE OF DEATH V 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME Annie Graham Stevell.

If U. S. Veteran specify WAR

(a) Residence: No. 514 Willow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F.

6. DATE OF BIRTH (month, day, year) Aug 29 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Andrew Graham

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown Ricketts

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Charles F Stevell

(Address) 514 Willow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 31 1938

19. UNDERTAKER Williams & Tyknor Sons

(Address) North & Lanvale Sts

20. FILED Nov 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 6.18 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	
Other contributory causes of importance: Bronchial Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10 27 1938

Where did injury occur? 514 Willow Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home.

Manner of injury Fell in home from chair to floor

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 215 N Paca

8 1938

51508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51508

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N Bruce St. 19-1 Ward)

Length of residence in city or town where death occurred 5 yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Chas

(a) Residence: No. 406 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Chas

6. DATE OF BIRTH (month, day, year) Dec 25 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cobbler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER FATHER

13. NAME James Chas

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Minnie Chas

(Address) 406 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 31, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 313 S Schroeder St

Oct 28 1938

19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1938 to Oct 27 1938

I last saw h alive on Oct 27 1938 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch Pneumonia	9/10
Myocarditis	9

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, explain .....

(Signed) Charles Woody M. D.

(Address) 54 Harlem Ave

51509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51509

1. PLACE OF DEATH Maryland General Hospital 139-a

Registered No.

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Minna L. Metz

If U. S. Veteran specify WAR

(a) Residence: No. 2001 E. Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles Metz 1915

6. DATE OF BIRTH (month, day, year) 9/22/1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Own home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leonard George

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Amelia Willinger

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Charles Metz

(Address) 2001 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 31, 1938

19. UNDERTAKER John Ellis & Co

(Address) 2228 Auburn

20. FILED ... 19... by ... Registrar.

Nov 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/25, 1938 to 10/27, 1938

I last saw her alive on 10/27, 1938. Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Left Ovary Chronic Appendicitis	
Other contributory causes of importance: Liver Shock Cerebral Accident	10/26/38

Was an operation performed? Yes Date of 10/26/38

For what disease or injury? Septic Left Ovary & Chronic Appendicitis

Name of operation Left Salpingectomy & Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) [illegible] M. D.

(Address) Maryland Gen'l Hospital

51510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51510

CERTIFICATE OF DEATH

V 178-D

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Henry Sauer

(a) Residence: No. 530 S. Kenwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Helen K Sauer

6. DATE OF BIRTH (month, day, year) Dec 16 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) Oct 26 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Sauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Thein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ludwig Sauer Brother

(Address) 3306 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Oct 29 1938

19. UNDERTAKER John Wenck

(Address) 2008 Orleans St

20. FILED ... Registrar

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1938

22. I HEREBY CERTIFY, That I have charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by Carbon Monoxide Gas	Oct 26 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 26, 1938.

Where did injury occur? 2703 Foster Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage

Manner of injury While repairing Automobile

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bouldin

See Instructions

51511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51511

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME [illegible]

(a) Residence: No. 2445 [illegible] St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Gobrecht

6. DATE OF BIRTH (month, day, year) Oct 2 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe machine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME William Gobrecht

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte Meier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie Gobrecht (Address) 2445 Wilson St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Oct 31 1938

19. UNDERTAKER John Elliott (Address) 2008 Pleasant

20. FILED Oct 29 1938 Huntington Wilkinson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1 1938 to October 24 1938

I last saw he alive on October 24 1938 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Angina [illegible]	
Fat	
Arteriosclerosis	
Other contributory causes of importance:	
Acute Bronchitis	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) M. R. Lungstr M. D.

(Address) St. Josephs Hosp

2 9 1938

17

F 51512

51512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 120 cc

Registered No. 892

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3137 Elliot St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

2. FULL NAME Jean Ison

(a) Residence: No. 3137 Elliot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 17-1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ernest Ison

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maud Robison

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Maud Ison Mother
(Address) 3137 Elliot St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 31 1938

19. UNDERTAKER The Ullyot
(Address) 3008 Orleans St

20. FILED OCT 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Oct. 27, 1938

22. I HEREBY CERTIFY, That I last (saw) (attended) the deceased from Jan. 27, 1938 to Oct. 27, 1938 and that I last saw (attended) deceased alive on Oct. 27, 1938 and that death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterocolitis	1 day
Other contributory causes of importance: Diarrhea, Improper feeding	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 712 N. Fremont St

352861

HEALTH DEPARTMENT—CITY OF BALTIMORE

51513

CERTIFICATE OF DEATH

F 51513

53-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy McMullan

If U. S. Veteran specify WAR .....

(a) Residence: No. Gastonway St., ... Ward. West Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-22-53

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
5-5-		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Elmore Strangis

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Unbrown

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Lansaway, W. Va. Date Oct 28 1938

19. UNDERTAKER Jolly & Mitchell & Son
(Address) 1900 Eutaw St.

20. FILED OCT 28 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Oct 28, 1938

I last saw her alive on Oct 28, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Carcinoma of Right Kidney (Hypernephroma) extensive metastases	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. F. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

A

51514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51514

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4304 Glenmore Ave Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Curtis Combs

If U. S. Veteran specify WAR ?

(a) Residence: No. 4304 Glenmore Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const. Co.

10. Date deceased last worked at this occupation (month and year) Sept 1928

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Glasser

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Milton L Fisher

(Address) 4304 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Patterson Date 10/3 1938

19. UNDERTAKER J. Wm Gault

(Address) Huntington Williamsport, Ind.

OCT 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from OCT 27 1938, 19..., to OCT 28 1938, 19...

I last saw h.IM. alive on OCT 27 1938, 19... Death is said to have occurred on the date stated above, at 5:30 a.m./p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilated Heart	
Pleuracle Influenza	3yr
Other contributory causes of importance:	
Chronic Cystitis and Hypertension	

Was an operation performed? No Date of x x x

For what disease or injury? x x x

Name of operation x x x x x

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury x x x, 19...

Where did injury occur? x x x x

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury x x x

Nature of injury x x x

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto M Duke M. D.

(Address) 928 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51515

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4021 Parkside Dr. Ward) 1027-1107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Gerlach

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4021 Parkside Drive Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth

6. DATE OF BIRTH (month, day, year): July 21 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hanline Paint Co

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Gerlach

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Zeufel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Louis Gerlach

(Address) 4021 Parkside Dr

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 10-29-1938

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St.

20. FILED OCT 29 1938

[illegible] tington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Oct. 27, 1938

I last saw h[illegible] alive on Oct. 26, 1938. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1903
Pneumo-Coniosis	
Broncho-Pneumonia	4 days ago

Other contributory causes of importance:

Emphysema

Senility

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Dust

(Signed) Walter A Anderson M. D.

(Address) 3001 Fremont Ave

CT 29 1938

14

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51516

CERTIFICATE OF DEATH

59 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Sth Broadway St., E. 6 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harriett May Streib

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1612 Sth Broadway St., ... Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L Streib

6. DATE OF BIRTH (month, day, year) Sept 24-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month, day, year) 1938

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob H. Shinnick

14. BIRTHPLACE (city or town) (State or country) Baltimor Md

MOTHER

15. MAIDEN NAME Martha J Eskridge

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry L Streib (Address) 1612 South Broadway

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Oct 29 38

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED OCT 29 1938 Hartford Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1937 to Oct 27, 1938

I last saw him alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	over
Other contributory causes of importance: Diabetis Mellitis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Mad St.

INSTRUCTIONS: All items should be filled in as completely as information supplied. Any statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 51517

E 51517 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3031 Elm Ave St. 13-5 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR.

2. FULL NAME John N Bontle
(a) Residence: No. 3031 Elm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adelie M. Bontle

6. DATE OF BIRTH (month, day, year) Aug 12 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME John N. Bontle.
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Margaret L. Tucker
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Adelie M. Bontle
(Address) 3031 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL Lanvale Cemetery Oct 29 1938

19. UNDERTAKER Schenauer & Son
(Address) 3615-17 Wheatsheaf Ave.

(Filed) Oct 29 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive on Oct 27 1938 and that death occurred on the date stated above at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina	10/27/38

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

Name of operation? None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Heaney, M. D.
Coroner
(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 29 1938

14

51518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51518

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Annadale St., 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Hill

If U. S. Veteran specify WAR

(a) Residence: No. 1605 Annadale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Hill

6. DATE OF BIRTH (month, day, year) April 2, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenandoah Co. Va.

FATHER

13. NAME David Bagley

14. BIRTHPLACE (city or town) (State or country) Berkeley Co. W. Va.

MOTHER

15. MAIDEN NAME Mary Butts

16. BIRTHPLACE (city or town) (State or country) Berkeley Co. W. Va.

17. INFORMANT Howard Bagley
(Address) 1605 Annadale St

18. BURIAL, CREMATION, OR REMOVAL
Place Shenandoah Co. Va. Date Oct 29 1938

19. UNDERTAKER Leonard L. Fuhrman
(Address) 1121 N. Monroe St.

20. FILED Oct 29 1938 Wilmer [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1928 to Oct 28 1938

I last saw h[illegible] alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1928
Chronic Nephritis	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Willard F. Wiseman M. D.

(Address) Hollins Apts.

N. B.—The information above is currently supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 29 1938

F 51519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51519

CERTIFICATE OF DEATH CGK--38266

48 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Brown

(a) Residence: No. 1324 Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Brown

6. DATE OF BIRTH (month, day, year) May 12, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

FATHER

13. NAME George Young

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unk ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 10/31/38

19. UNDERTAKER Thomas E. Kenon
(Address) 1303 Pennsylvania Ave

20. FILED Nov. 19 Hughes Williams Registrar.

OCT 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1938 to 10-26, 1938

I last saw her alive on 10-25, 1938 Death is said to have occurred on the date stated above, at 1:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E K Woodward Jr M. D.

(Address) Balto City Hosp.

Exact statement of information is supplied. All should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

51520

HEALTH DEPARTMENT—CITY OF BALTIMORE

51520

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 111 N. Arch St. 11-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Jacob Chapman
(a) Residence: No. 111 N. Arch St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) 3-25-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sample Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Daniel Chapman
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Sedonia Kuse.
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Pauline Plater (D.)
(Address) 109 N. Arch St

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Date Oct 31, 1938

19. UNDERTAKER Charles G. Cooper
(Address) 27 W. Calhoun St.

20. FILED OCT 29 1938 Wm. [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Oct 27, 1938
I last saw h... alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 12:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
(Address) 961 Eutaw Pl

INSTRUCTIONS: Information required should be supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51521

F 51521 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles W. Roby

(a) Residence: No. Del Alton Md St., Charles Co Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice A Roby

6. DATE OF BIRTH (month, day, year) Nov. 14 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del Alton Md.

FATHER

13. NAME Peter W Roby

14. BIRTHPLACE (city or town) (State or country) Chas Co Md.

MOTHER

15. MAIDEN NAME Elizabeth C Maddox

16. BIRTHPLACE (city or town) (State or country) Chas Co Md.

17. INFORMANT Mrs H L Cove

(Address) 508 E 32d Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Del Alton Charles Co. Md. Date 10/31/38

19. UNDERTAKER Jesse G. Wedefeld

(Address) 508 E 32d St

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28. 1938

22. I HEREBY CERTIFY, That I last saw the deceased on Oct 28 1938 and that I have viewed the remains described above, held an Inquiry thereon and (from the evidence obtained by me) (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Strangulated Inguinal Hernia	Oct 25.

Other contributory causes of importance:

Was an operation performed? Yes. Date of Oct 28. 38

For what disease or injury? Strangulated Inguinal Hernia

Name of operation Hernis-plasty Date of 1938.

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. J. Hanna M. D.

(Address) 822 W Baltimore St.

OCT 29 1938

Spec.—2-29-28—L. F. S.—500 Bks.

51522

F 51522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 N Caroline ST. 8-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Clara Hohman

(a) RESIDENCE NO. 1837 N Caroline ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: John F.

6 DATE OF BIRTH (month, day, and year): 2-18-1860.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hw.

(b) General nature of industry, business, or establishment in which employed (or employer): W 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Hallameyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Nollmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John F. Hohman

(Address): 1837 N. Caroline St.

15 Filed: Oct 29 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-28-38

17 I HEREBY CERTIFY, That I attended deceased from 10/25/ 19 38, to 10-28- 19 38,

that I last saw h~~er~~ alive on 10-28- 19 38

and that death occurred, on the date stated above, at 3.25a. m.

The CAUSE OF DEATH* was as follows:

Acute cholecystitis - 10-25-38.

Diabetes - 1930-

7 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dyspnea - Myocarditis

insufficiency (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? none Date of

Was there an autopsy? No

What test confirmed diagnosis? principal

(Signed) Geo. A. Bauden, M. D.

10/29, 19 38 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct. 31 1938
20 UNDERTAKER	ADDRESS
Henry Horch Sons Inc	1301 E Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 51523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1846 N. Pratt St. 19-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Michael McGivney

If U. S. Veteran specify WAR

(a) Residence: No. 1846 N. Pratt, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine McGivney

6. DATE OF BIRTH (month, day, year) July 3, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James McGivney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Pensel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ellen McManus

(Address) 1846 N. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet, Date Oct 29 38

19. UNDERTAKER Wm. Purnell Tate

(Address) 1000 Eutaw Pl

Huntington Williams, Registrar

CT 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

[illegible] to be said deceased came to [illegible] (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degeneration Myocardial Pulmonary Edema	Oct 27

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. Hanna M. D. Coroner

(Address) 1822 Nwb Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 51524

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 W. Fayette St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula Sluter,

If U. S. Veteran specify WAR

(a) Residence: No. 2028 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard F. Sluter,

6. DATE OF BIRTH (month, day, year) August 30, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

FATHER

13. NAME Thomas Bradley,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Bonneville,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Howard F. Sluter,
(Address) 2028 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date OCT 31 1938

19. UNDERTAKER Sea & Little
(Address) 2700 Edmondson Ave.

20. FILED OCT 29 1938 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1938 to Oct 28, 1938

I last saw her alive on Oct 24, 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Hemiplegia	
Chr. Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hoop E. Shannon, M. D.

(Address) 700 Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-4 F 51525

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 N. Wolfe St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Bory

If U. S. Veteran specify WAR

(a) Residence: No. 205 N. Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bory

6. DATE OF BIRTH (month, day, year) March 18 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Reiter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Saltz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Bory

(Address) 205 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 31 19 38

19. UNDERTAKER Jos. J. Herr & Son

(Address) 154 N. Eutaw St. Balto. Md.

Huntington Pittsburgh Pa.

20. Filed OCT 29 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 28 1938 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1936 to Oct 28 . 1938

I last saw h alive on Oct 27 1938. Death is said to have occurred on the date stated above, 6.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	
Arterio-Sclerosis	1930

Other contributory causes of importance:

Toxic absorption	7 days

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wood M. D.

(Address) 2580 E. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51526

CERTIFICATE OF DEATH

186-a F 51526

Registered No. 1872

1. PLACE OF DEATH Presbyterian E. E. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1029 E. Balto. St., 1-3 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James F. Westkamp

(a) Residence: No. 207 S. Belnord Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Margaret Westkamp

6. DATE OF BIRTH (month, day, year) Oct 16-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Works

10. Date deceased last worked at this occupation (month and year) March 10-38

11. Total time (years) spent in this occupation 20+

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Westkamp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Evelyn Tarbell Daughter

(Address) 207 S. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Nov 1-1938

19. UNDERTAKER Jos. J. Stern & Son

(Address) 1500 Pennsylvania Ave Baltimore, Md.

20. DATE RECEIVED OCT 29 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration both legs over tibia	March 27-1938
Staphylococcus infection	Oct. 25-1938
Septicemia, result of above	Oct. 28-1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 27, 1938

Where did injury occur? Kanline Bros Wharf (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell over truck in hallway

Nature of injury Laceration both legs

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

V 5 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51527

CERTIFICATE OF DEATH

163 F 51527

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. East Baltimore General Hospital 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? 55 yrs. ... mos. ... ds.

2. FULL NAME William J. Seeley

If U. S. Veteran specify WAR.

(a) Residence: No. 4 Murray Ave., Annapolis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruby S. Seeley

6. DATE OF BIRTH (month, day, year) March 30, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Biltmore

10. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) Boker
(State or country) Germany

FATHER

13. NAME Henry Seeley

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Suzanne ?

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mr. William J. Seeley Jr.
(Address) 4 Murray Ave., Annapolis

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis, Md. Date Oct. 31 1938

19. UNDERTAKER [illegible]
(Address) 1003 W. Baltimore St.

OCT 29 1938 Huntington for Williams, Mgr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his ... death on the day stated above. 10 15' P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Coma	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury 10 26, 1938

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage

Manner of injury Self inflicted ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C Hann, M. D.
Coroner

(Address) 1215 Hanover St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

51528

CERTIFICATE OF DEATH

F 51528

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marcella Kunkoski

If U. S. Veteran specify WAR

(a) Residence: No. 4208 Monroe Court St., Ward.

(Usual place of abode) Monroe Court (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 25 1918

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.
	20		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Dworkowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Anna Kunkoski

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Co Date Oct 29 1938

19. UNDERTAKER Charles P Lewis

(Address) 1201 E Fort Ave

Oct 29 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1938, to October 28, 1938.

I last saw her alive on October 28, 1938. Death is said to have occurred on the date stated above, at 9.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable [redacted] Atelectasis	10-28-38
of the Lung	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arnold H. Eichert, M. D.

(Address) South Baltimore Gen. Hosp.

VP 5

Sp 16.9

ANIELA - GNACEK

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51529 — CERTIFICATE OF DEATH — 92-a — F 51529

1. PLACE OF DEATH: Home — Registered No. 1872

CITY OF BALTIMORE: (No. 237 S Chester St) 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME: Aniela, Gnacek — If U. S. Veteran specify WAR ___

(a) Residence: No. 237 S. Chester St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Gnacek

6. DATE OF BIRTH (month, day, year): 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ~~61~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ___

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Posen Poland

FATHER

13. NAME: Samuel

14. BIRTHPLACE (city or town) (State or country): Posen Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Posen Poland

17. INFORMANT: Martin Gnacek Son
(Address) 1834 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 10/31/38

19. UNDERTAKER: M. J. Sadoski & Sons
(Address) 1808 Eastern Ave Huntington Williams, N.Y.

20. FILED: OCT 29 1938 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to ___ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 Minutes

(Other contributory causes of importance): Valvular Heart disease Years

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Chas. W. Wood Coroner M. D.

(Address) 712 N. Bond St

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51530

CERTIFICATE OF DEATH

168 F 51530

1. PLACE OF DEATH Anchorage

CITY OF BALTIMORE: (No. 822 S. Broadway St. 2-3 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran (Specify WAR)

2. FULL NAME Gustav Hjalman Hagberg

(a) Residence: No. 822 S. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 3 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ocean Vessels

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Naturalization Papers (Address) Found in room

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Cemetery Date Oct. 22nd 1938

19. UNDERTAKER Lilly & Sons Inc.
(Address) 403 S Wolfe St

OCT 29 1938

Huntington Hillegas, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to the severing of the Carotid Artery and the radial Artery in right Arm.	Oct 21
Other contributory causes of importance: Melancholia Acute	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury Oct 21 19 38

Where did injury occur? 822 S. Broadway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Anchorage

Manner of injury Cut throat with razor

Nature of injury Hemorrhage as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51531

CERTIFICATE OF DEATH

49-aF 51531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susanne Velte

If U. S. Veteran specify WAR

(a) Residence: No. 2011 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Baer Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Velte

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Emma Peiffer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma Velte (Mother)
(Address) 2011 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 31 1938

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED OCT 29 1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Oct 27, 1938

I last saw h[illegible] alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	11 yrs
Complicated Retention	6 mo
Other contributory causes of importance:	
Chronic Myocarditis	7 yrs
Cardiac	3 mo

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. R. Tennyst, M. D.

(Address) St. Joseph Hosp.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51532

CERTIFICATE OF DEATH

46 F 51532

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. HIGHLAND AVE St. 26-10 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET W. GEISSLER

If U. S. Veteran specify WAR .....

(a) Residence: No. 124 S. HIGHLAND AVE. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOSEPH J. GEISSLER

6. DATE OF BIRTH (month, day, year) OCT. 1- 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME AUGUST ELBERTH

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ANNA RICHERT

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT JOSEPH J. GEISSLER (HUS)

(Address) 124 S. HIGHLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date OCT. 31 1938

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 407 S. WOLFE, ST

20. FILED OCT 29 1938 Hunting for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT. 27/38

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938 to Oct 27 1938

I last saw her alive on Oct 26 1938 Death is said to have occurred on the date stated above, at 9/15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Metastatic Carcinoma	
Other contributory causes of importance: Uterus	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) 1106 Nortsay

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 51533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51533

CERTIFICATE OF DEATH

✓ 186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3327 Brighton St. 16-7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Ida M. Kemp

If U. S. Veteran specify WAR

(a) Residence: No. 3327 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White. | 5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Kemp.

6. DATE OF BIRTH (month, day, year): July 31. 1871

7. AGE: 67 Years | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: George Morris

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Mary Tait

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: H. Wallace Kemp
(Address) 3327 Brighton St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 10/31/38

19. UNDERTAKER: Mc. Fetridge Inc.
(Address) 2503 Edmondson Ave

OCT 29 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	

Other contributory causes (importance):
Myocardial insufficiency
Senile Nephritis.

Was an operation performed?

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 10/11 1938

Where did injury occur? 3327 Brighton St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down steps.

Nature of injury Fracture left hip or femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hamer Coroner M. D.

(Address) 125 Hamburg

V S 6

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51534

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Franklin St. 18-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Dutton

(a) Residence: No. 1118 Saratoga St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura H. Dutton

6. DATE OF BIRTH (month, day, year) May 1 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Frank Dutton

14. BIRTHPLACE (city or town) Howard County (State or country) Md

MOTHER

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) Howard County (State or country) Md

17. INFORMANT Mrs James Dutton

(Address) 1118 Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 31 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 r Schroeder St. Huntington Williams, N.Y.

20. DATE RECEIVED OCT 29 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1938

22. I HEREBY CERTIFY, That I took care of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Apoplexy	Oct 26 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Leo Dutton M. D.

(Address) 50 Pleasant St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V B 8

F 51535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51535

CERTIFICATE OF DEATH

93-C

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 562 N. Preston St. 17-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lavan Fitz.

If U. S. Veteran specify WAR

(a) Residence: No. 562 N. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 18, 1858

7. AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	80	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME Lewis Byrnes.

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Louisa Boyd

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Lavan Fitz.

(Address) 562 Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Nat. Zion Cem. Date Oct. 29 1938

19. UNDERTAKER Adolphus Edmond

(Address) 915 Druid Hill Ave.

20. FILED OCT 29 1938

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence disclosed by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 4:20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address) 215 Redwood

F 51536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51536

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. 25-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Samuel S. Katz (Mary Ethel) If U. S. Veteran specify WAR

(a) Residence: No. 226 Mallow Hill Ave City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel S. Katz

6. DATE OF BIRTH (month, day, year) July 18, 1899

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
39	3	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year) 10/10/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William E. Elliott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Groves

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Samuel S Katz
(Address) 226 Mallow Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Pl. Bnai Israel Cem. Date Oct. 30, 1938

19. UNDERTAKER Baird Sondheim & Co.
(Address) 1902 Eastern Ave

20. FILED Huntington Williams, Registrar

OCT 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Oct 27, 1938

I last saw her alive on Oct 26, 1938. Death is said to have occurred on the date stated above, at 7:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Extensive pleural hemorrhage (L)	Sudden
2. Metastasis of lymphosarcoma into left lung and pleura	?
	10/27

Other contributory causes of importance:

1. Pleural effusion (L)
2. Resp. embarrassment due to pressure

Was an operation performed? yes Date of June 15, 1938

For what disease or injury? Biopsy of sarcoma neck

Name of operation Biopsy of sarcoma neck

What test confirmed diagnosis? Mic. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest E. Heagy M. D.

(Address) 1211 Eutaw Place

H

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51537

CERTIFICATE OF DEATH

X 211-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther S. Clark

If U. S. Veteran specify WAR.

(a) Residence: No. Eggis La. Catonsville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 28, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linesman Gas & Elec.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ernest S. Clark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Bower

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Grace Wells

(Address) Finksburg, Carroll Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Finksburg Date Oct 31 1938

19. UNDERTAKER Wm. Berryman & Son

(Address) Reisterstown Md.

FILED OCT 30 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fracture	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Oct. 28, 1938 Date of injury, 19

Where did injury occur? Balto. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Riding Motor Cycle Struck

Nature of injury Street Car at Frederick Rd. & [illegible] Rd. Catonsville Md.

24. Was viewed or autopsy or any [illegible] held by direction of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 56

F 51538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51538

CERTIFICATE OF DEATH

√ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 Old Spring Lane St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Eunice Bowen

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2715 Old Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L Bowen

6. DATE OF BIRTH (month, day, year) Dec 19 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hockensburg Md

FATHER

13. NAME George T Hagen

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mary Catherine Menear

16. BIRTHPLACE (city or town) (State or country) Carroll Md

17. INFORMANT Edward L Bowen

(Address) 2715 Old Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 11/1 1938

19. UNDERTAKER J M Cole & Sons

(Address) 1217 21 Oval St

20. FILED ... 19...

Registrar.

OCT 30 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938, to Oct 29, 1938

I last saw her alive on Oct 22, 1938 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	About 1 Year
Other contributory causes of importance: Carcinoma of Lung (Secondary to C of Breast)	about 6 Months ago

Was an operation performed? Yes Date of Oct 22 & Oct 29

For what disease or injury? Tumor in Chest

Name of operation Thoracocentesis R. Pleural Cavity

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None

Where did injury occur? Nowhere (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Nowhere

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edward L Brack M. D.

(Address) 930 St Paul St

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51539

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E 21st St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 100 E 21st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace A. Smith

6. DATE OF BIRTH (month, day, year) May 30 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Henry Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emily A Bower

16. BIRTHPLACE (city or town) (State or country) Gaithersville Md

17. INFORMANT Grace A Smith

(Address) 100 E 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 11/1 1938

19. UNDERTAKER Jos Cody & Son

(Address) 1217 E Fayette St

Huntington Williams, Nyt

Registrar

OCT 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1938 to Oct 29 1938

I last saw him alive on Oct 29 1938 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	8/23/38
Thrombo Phlebitis L. Leg.	Sept 15
Other contributory causes of importance: Cerebral Embolis	Oct 29

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Kelly M. D.

(Address) 2020 N. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51540

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Violet ave St. 15-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Goldstone

If U. S. Veteran specify WAR .....

(a) Residence: No. 2900 Violet ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W. divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Francisa Ruth

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mortica Goldstone

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT E. H. Goldstone
(Address) 2521 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Hebrew Date Oct 30 1938

19. UNDERTAKER Sol Levinson & Bro
(Address) 1124-26 W. North ave

20. FILED ..... 19.. Registrar

OCT 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to Oct. 28, 1938

I last saw him alive on Oct. 27, 1938 Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular-Renal Disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Grossman M. D.

(Address) 2340 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51541

HEALTH DEPARTMENT—CITY OF BALTIMORE

51541

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Dolphin St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... da. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

2. FULL NAME Georgia Mae Palmer

If U. S. Veteran specify WAR .....

(a) Residence: No. 526 Dolphin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Palmer

6. DATE OF BIRTH (month, day, year) 4-21-1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ..... min.
27	April	21, 1911	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dolls (State or country) White Co. Va.

FATHER

13. NAME Prudent Williams

14. BIRTHPLACE (city or town) Dolls (State or country) White Co. Va.

MOTHER

15. MAIDEN NAME Ada Tynes

16. BIRTHPLACE (city or town) Dolls (State or country) White Co. Va.

17. INFORMANT James E. Palmer

(Address) 526 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Smithfield, Va. Date 10-30 1938

19. UNDERTAKER Chas. H. Alexander

(Address) 1202 McCulloh St

20. FILED OCT 30 1938 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1938 to 10-28 1938

I last saw her alive on 10-27 1938 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (1)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. H. Slaughter, M. D.

(Address) .....

F 51542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51542

CERTIFICATE OF DEATH

V 157-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Eierman Ave St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joan Margaret Walden

If U. S. Veteran specify WAR .....

(a) Residence: No. 4002 Eierman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) July 29, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	01	14	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME David A. Walden

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Knoedler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT David A Walden

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place C-30-38 Holy Sepulchre

19. UNDERTAKER Leonard J Finch

(Address) 5315 Loyola

20. FILED ..... 19 ..... Registrar.

OCT 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938 to Oct 28, 1938

I last saw her alive on Oct 28, 1938 Death is said to have occurred on the date stated above, at 5.08 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	7/29/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify. .....

(Signed) J Robert White M. D.

(Address) C-1, The Gilman Apts

26. If the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51543

CERTIFICATE OF DEATH

46-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Druid Hill Ave. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton Lee ~~Johnson~~ Braxton

(a) Residence: No. 2504 Druid Hill Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Payne Braxton

6. DATE OF BIRTH (month, day, year) 2-6-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Company

10. Date deceased last worked at this occupation (month and year) May, 1938

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co Virginia

FATHER

13. NAME Henry Braxton

14. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va.

17. INFORMANT Hazel Johnson

(Address) 2504 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Oct 30 1938

19. UNDERTAKER Archibald Waddis

(Address) 2107 McCulloh St

20. FILED Oct 30 1938, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-38

22. I HEREBY CERTIFY, That I attended deceased from 4-23-38 to 10-27-38

I last saw him alive on 10-27-38 Death is said to have occurred on the date stated above, at 1:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	about 4-23-38

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Carr M. D.

(Address) 400 N Carrollton Ave

M. D. H. 1265-9

F 51544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Lanvale Block 15-4 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Olin Huntley T Foman

(a) Residence: No. 2500 Lanvale Blck St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W

5. ~~Single~~, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie C T Foman

6. DATE OF BIRTH (month, day, year): Nov 6 1860

7. AGE: Years 77 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Oct 38

11. Total time (years) spent in this occupation: 55 yrs

12. BIRTHPLACE (city or town) (State or country): Edom Va

FATHER

13. NAME: Rev Henry T Foman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Ann Huntley

16. BIRTHPLACE (city or town) (State or country): Loyne Co Va

17. INFORMANT: Mrs Lyon T Foman (Address) 2500 Lanvale Blvd

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date Oct 31 at 38

19. UNDERTAKER: Leakin & Sons (Address) 1200 E Baltimore St

OCT 30 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27th, 1938, to Oct 29, 1938

I last saw him alive on Oct 28, 1938. Death is said to have occurred on the date stated above, at 7.55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7 days

Other contributory causes of importance:

Angina Pectoris many years.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Fayne A. Kaynes M. D.

(Address) 1200 E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51545 F 51545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Forrester Ave St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 6 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph B. Westervelt

U.S. Vet.: specify WAR

(a) Residence: No. 3906 Forrester Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary D. Westervelt

6. DATE OF BIRTH (month, day, year): April 22, 1865

7. AGE: Years 73 | Months 6 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md. Penitentiary

10. Date deceased last worked at this occupation (month and year): June 1922

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Richard Westervelt

14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER

15. MAIDEN NAME: Mary McCaffer

16. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

17. INFORMANT: Mrs. Mary E. Westervelt

(Address) 3906 Forrester Ave

18. BURIAL, CREMATION, OR REMOVAL: Druid Hill Cemetery Oct. 31 1938

19. UNDERTAKER: Elmer A. Conklin

(Address) 924 E. Eager St.

20. FILED: OCT 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1938 to Oct 28, 1938

I last saw him alive on Oct 25, 1938 Death is said to have occurred on the date stated above, at 7.2 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset 3 yrs duration

Other contributory causes of importance:

usual regulars

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Keown M. D.

(Address) 1938 Linden Ave

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51546 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51546

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2007 Greenmount Ave 10 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret King

If U.S. Veteran specify WAR .....

(a) Residence: No. 2007 Greenmount Ave St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patrick J. King

6. DATE OF BIRTH (month, day, year) Sept. 29. 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 yrs.		29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME John Gaughan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Michael King Son
(Address) 2007 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Mem. Cathedral Cemy Date Oct. 31 1938

19. UNDERTAKER Elmer W. Conkling & Son
(Address) 914 E. Eager St.

20. FILED Oct 30 1938 Waldemar Williams, Dep. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19 1938 to October 28 1938
I last saw h[illegible] alive on Oct 27 1938 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Granular Heart Lesion	
Myocarditis,	
Other contributory causes of importance: Chron. Bronchitis	Indefinite

Was an operation performed? Date of .....

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Reginald S. Towry M. D.
(Address) 1714 E. North Ave

OCT 30 1938

F 51547 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51547

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3421 Elmley Ave. St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr 6 mos. ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Edward John Bonkowitch

If U. S. Veteran specify WAR .....

(a) Residence: No. 3421 Elmley Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Bonkowitch

6. DATE OF BIRTH (month, day, year) July 17th 1903

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
35 years	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bolt Mfg Co

10. Date deceased last worked at this occupation (month and year) Sept 15th 38

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Joseph Bonkowitch

14. BIRTHPLACE (city or town) (State or country) Lithuania Russia

MOTHER

15. MAIDEN NAME Dora Bothe

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mrs. Josephine Mrs. Schusky (Address) Sister of deceased

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 31 1938

19. UNDERTAKER Charles P Powell (Address) 2427 Edmondson Ave

20. FILED OCT 30 1938 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10th 1938 to Oct 28th 1938

I last saw him alive on Oct 28th 1938. Death is said to have occurred on the date stated above, at 12.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Urinary Bladder	appx 3 yrs
Other contributory causes of importance	

Was an operation performed? no Date of .....

For what disease or injury? /

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury /

Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Hulla M.D. M. D.

(Address) 7214 E Fayette St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51548 HEALTH DEPARTMENT—CITY OF BALTIMORE 51548

Tecl

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 107-a Registered No.

CITY OF BALTIMORE: (No. 16-6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anton Tecl

If U. S. Veteran specify WAR

(a) Residence: No. Craig Highway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Tecl.

6. DATE OF BIRTH (month, day, year) June 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia.

FATHER

13. NAME Wenzel Tecl.

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Marie Sramek,

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia,

17. INFORMANT Mrs Frances Kersinger,

(Address) West Baltimore Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date OCT 31 1938

19. UNDERTAKER Sag N Sittle

(Address) 2700 Edmondson Ave.

20. FILED OCT 30 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 19 38, to Oct 28, 19 38

I last saw h alive on Oct 28, 19 38. Death is said to have occurred on the date stated above, at 0 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Malnutrition Carcinoma	
2 Bronchopneumonia	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51549

HEALTH DEPARTMENT—CITY OF BALTIMORE

51549

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 E. North Avenue St., 9-E Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ALICE R. CONROY

If U. S. Veteran specify WAR .....

(a) Residence: No. 518 East North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William E. Conroy

6. DATE OF BIRTH (month, day, year) July 14, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Dunn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Alice Garvey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William E. Conroy
(Address) 518 East North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Oct. 31, 1938

19. UNDERTAKER Chas. H. Nave & Son Inc.
(Address) 115 W. Mt. Royal Ave

20. FILED Oct 30 1938 Hunting [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2 and 1936 to Oct 29, 1938

I last saw h[illegible] alive on Oct 27, 1938 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Cancer	
Chronic Endocarditis	
Other contributory causes of importance	
Cervical Cancer over 4 yrs	Oct 26 '33

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Walker, Jr. M. D.

(Address) 3136 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51550

CERTIFICATE OF DEATH

37028-PS

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lloyd Benson

If U. S. Veteran specify WAR

(a) Residence: No. 3503 Leverton Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Evelyn

6. DATE OF BIRTH (month, day, year) 10-20-13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	25	0	14 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Frank Benson

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Crown

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 30-38 19

19. UNDERTAKER John A. Miller
(Address) 2334 Jefferson St.

20. FILED Oct 30 1938 Thomas [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27 1938

22. I HEREBY CERTIFY, That I attended deceased from September 15 1938 to October 27 1938

I last saw him alive on October 27 1938. Death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 30 1938

51551 HEALTH DEPARTMENT—CITY OF BALTIMORE 51551

CERTIFICATE OF DEATH X 95-B

1. PLACE OF DEATH Union Memorial Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33[illegible] Calvert St., 12th Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Edwin Rutledge

(a) Residence: No. 1366 Old Place N.W. St. 12th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Genevieve L. Faul

6. DATE OF BIRTH (month, day, year) April 3, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. District Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Koppers Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward F. Rutledge

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida May Oler

16. BIRTHPLACE (city or town) (State or country) Bello Mills Md.

17. INFORMANT Genevieve Faul Wife

(Address) 1366 Old Place, N.W. Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Oct 31, 1938

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1625 Eastern Place

20. FILED OCT 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28/1938

22. I HEREBY CERTIFY, That I attended deceased from 10/24/1938, 19..., to 10/28/1938, 19...

I last saw him alive on 10/28, 1938. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond Nolan M. D.

(Address) Union Memorial Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51552

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 — 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Calaway

If U. S. Veteran specify WAR

(a) Residence: No. Childrens Rehabilitation Institute St., ... Ward. Reisterstown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ... 31-1933

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
5 #	#1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George A Calaway

14. BIRTHPLACE (city or town) (State or country) Ashtabula Ohio

MOTHER

15. MAIDEN NAME Mildred Maffett

16. BIRTHPLACE (city or town) (State or country) Liberty N-Y

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Toledo Ohio Date 10-30-38

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1938 to Oct 29, 1938

I last saw him alive on Oct 29, 1938. Death is said to have occurred on the date stated above, at 8 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - (R)	10-26-38
Other contributory causes of importance:	
Spastic paraplegia	BIRTH

Was an operation performed? No Date of ...

For what disease or injury? 0

Name of operation 0

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No 0 If so, specify ...

(Signed) Henry P. Sulzberg, M. D.

(Address) Johns Hopkins Hosp

OCT 30 1938

1. Make this certificate with ENDURING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51553

CERTIFICATE OF DEATH

93-F 51553

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 178 Churchill St., 22nd Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Penzel

If U. S. Veteran specify WAR .....

(a) Residence: No. 178 Churchill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Penzel

6. DATE OF BIRTH (month, day, year) 12/25/47

7. AGE — Years 90 | Months 11 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 11

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Langhorst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Nellie Sockler
(Address) 178 Churchill St

18. BURIAL, CREMATION, OR REMOVAL
Mem Cathedral 10/31, 1938

19. UNDERTAKER Chas. E. Tuten & Sons
(Address) 3707 Eastern Ave

OCT 30 1938 Huntingtown Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1938 to Oct 29, 1938

I last saw her alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr
Chronic Bronchitis	6 mo

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) C. O. Weeks, M. D.

(Address) 1929 Mulberry

V 5 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51554

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 N. Castle St. 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Fritz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1835 N. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ludwig Fritz

6. DATE OF BIRTH (month, day, year) June 20, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Bavaria, Germany

FATHER

13. NAME Mathew Panzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown Uberling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Marie Fritz
(Address) 1835 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/3/38 19

19. UNDERTAKER George E. Ruth Inc.
(Address) 1730 Harford Ave.

20. FILED OCT 30 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-24-, 1937 to 10-28, 1938

I last saw her alive on 10-28, 1938 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Unknown
Other contributory causes of importance: Cardio-vascular-renal disease	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bro. B. Sylvest M. D.

(Address) 2802 Harford Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Kahn

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51555

CERTIFICATE OF DEATH

82-AF 51555

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Annie Kahn

If U. S. Veteran specify WAR

(a) Residence: No. 2902 Rodnere Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Kahn

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Katz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Nellie Friedland

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol (Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 10-31-38, 19

19. UNDERTAKER (Address)

20. FILED OCT 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1938 to October 29, 1938

I last saw her alive on October 29, 1938 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	
Arteriosclerosis	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hilliard Cohn M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51556

CERTIFICATE OF DEATH

92-a cc

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 122 S. Durham St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher Teufel (or Teufel) If U. S. Veteran specify WAR

(a) Residence: No. 448 N. Robinson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31-884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Teufel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hedwig Kupcinski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Christine Tepperich Sister

(Address) 448 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 31, 1938

19. UNDERTAKER Martin V. E. Piffel

(Address) 27 E. Lanvale St.

(Signature) Huntingtown Williams, Md.

OCT 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I have charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7 minutes
Other contributory causes of importance: Valvular heart disease	3 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1721 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 a

51557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51557

CERTIFICATE OF DEATH

46-D

OCK-- 37575

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-K Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James Mack

If U. S. Veteran specify WAR .....

(a) Residence: No. 506 Forest St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31, 1902

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	36	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Daniel Mack

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Katherine Monable

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL.

Place Cremation Co. Date Oct 30 1938

19. UNDERTAKER Martin & E. Duffy

(Address) 37 S Carey St

20. FILED OCT 30 1938 Huntington Public Library

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1938 to 10-30 1938

I last saw him alive on 10-29 1938 Death is said to have occurred on the date stated above, at 3.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Peritonitis	10/29
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-24-38

For what disease or injury?

Name of operation Colostomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L Krubodemoja M. D.

(Address) Balto. City Hosp

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51558

HEALTH DEPARTMENT—CITY OF BALTIMORE

51558

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Holbrook St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine E Bread

If U. S. Veteran specify WAR

(a) Residence: No. 1607 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Bread

6. DATE OF BIRTH (month, day, year) Oct 18. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lucas Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Carman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Bread
(Address) 1607 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 1 1938

19. UNDERTAKER John Merrick
(Address) 2005 Arlington St

20. FILED OCT 31 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1938 to Oct 29, 1938

I last saw her alive on Oct 28, 1938 Death is said to have occurred on the date stated above, at [illegible] Bm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-29-38
Arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wilbur M Pearce M. D.

(Address) 1 E Preston St

Information should be carefully applied. Use blank space if more room is required. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51559

HEALTH DEPARTMENT—CITY OF BALTIMORE

51559

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1626 E 31 St. 9-6 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella L Winterling

If U. S. Veteran specify WAR .....

(a) Residence: No. 1626 E 31 st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert G Winterling

6. DATE OF BIRTH (month, day, year) Sept 18 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56		10 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George L Runkel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Julia Boucher

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Herbert G Winterling

(Address) 1626 E 31 St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Oct 31 1938

19. UNDERTAKER John Ulrich

(Address) 2008 Allegheny Av

20. FILED ... 19... Registrar

OCT 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27 1938 to Oct. 28 1938

I last saw h[illegible] alive on Oct. 28 1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other contributory causes of importance: Acute bronchitis.	10/24/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Schmidt M. D.

(Address) 701 N. Kenwood Ave

Information should be carefully supplied. Any Space not known should be stated as such. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51560

HEALTH DEPARTMENT—CITY OF BALTIMORE

51560

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3936 Reisterstown Rd 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Joseph Ellis Hurwitz

If U. S. Veteran specify WAR .....

(a) Residence: No. 3936 Reisterstown Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cutter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Hurwitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora Berman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Philip Hurwitz

(Address) 3936 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date Oct 31, 1938

19. UNDERTAKER Sol Levinson & BROS

(Address) 1124-26 W North Ave

OCT 31 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1938 to Oct. 30, 1938

I last saw h... alive on Oct. 1, 1938 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vas.	
2 the renal disease	5 yrs ago
Other contributory causes of importance: Coronary Thrombosis	20 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. A. Sussman M. D.

(Address) 2570 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cousins

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51561

CERTIFICATE OF DEATH

F 51561

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 Woodland Ave St. 27-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert M. Cousins

(a) Residence: No. 311 Woodland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Cousins

6. DATE OF BIRTH (month, day, year) Jan 3 1858

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Co.

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) Balto. City
(State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Caroline Cousins
(Address) 311 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 1 1936

19. UNDERTAKER Fred A. Saunders Son
(Address) 1 W. Mulberry St.

20. FILED Oct 1 1936 [illegible] Registrar.

CT 51 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Sept 30 1936

I last saw him alive on Sept 9 1936 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 31

Other contributory causes of importance:
Arterio Sclerosis
Chr. Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical + Lab. diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. S. Culverhouse M. D.

(Address) 1401 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51562 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 51562

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Baltimore City Hospitals

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

48 yrs.

2. FULL NAME Temple Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. Balto. City Hosp. St., 1416 E Monument Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) 3-4-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Hezekiah

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Nov. 1st 1938

19. UNDERTAKER Robert F. Williams
(Address) 1515 McCulloh St.

20. FILED OCT 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938 to October 24, 1938

I last saw her alive on October 24, 1938 Death is said to have occurred on the date stated above, at 1250 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51563

CERTIFICATE OF DEATH

UGK--37105 V 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ..... Ward) 12-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs, ... mos. ..... ds.

2. FULL NAME Guy Tyson

If U. S. Veteran specify WAR .....

(a) Residence: No. 507 S. Paca St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Sep)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) Nov. 19, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	39	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cemetery Date 11-1- 1938

19. UNDERTAKER Bolton & McCarthy Inc
(Address) 1435 E. Oliver St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-17 1938 to 10-30 1938

I last saw him alive on 10-29 1938. Death is said to have occurred on the date stated above, at 3:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-colic fistula with ulcer	1935(?)
Peripheral circulatory failure	10/29
Other contributory causes of importance:	

Was an operation performed? yes Date of 10-18-38

For what disease or injury? .....

Name of operation Partial gastrectomy & gastroenterostomy

What test confirmed diagnosis Surgery Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

OCT 31 1938

51564

HEALTH DEPARTMENT—CITY OF BALTIMORE F 51564

CERTIFICATE OF DEATH. √ 93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1812 Clifton Ave ST. 15 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna R. Grimes

(a) RESIDENCE. No. 1812 Clifton Ave ST. 15 WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 23 da. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 ~~Single, Married~~ Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Wm J Grimes

6 DATE OF BIRTH (month, day, and year): Mch 4-1862

7 AGE: Years 76 Months 7 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HW

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Damascus Montgomery Co

PARENTS

10 NAME OF FATHER: Joshua Linyard

11 BIRTHPLACE OF FATHER (State or country): Montgomery Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth R Young

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Montgomery Co Md.

14 Informant (Address): Walter S Thomas Grimes 3811 W-Lake Ave Lochearn Md

15 Filed OCT 31 1938

16 Hunting Park Ave Baltimore Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/31/38

17 I HEREBY CERTIFY, That I attended deceased from 10/9/38, 19 to 10/31/38, 19 that I last saw h alive on 10/31/38 and that death occurred, on the date stated above, at 6-35 PM

18 CAUSE OF DEATH* was as follows: Chronic myocarditis - Arteriosclerosis.

CONTRIBUTORY (Secondary) Cardiac Asthma (duration) ✓ yrs. ✓ mos. ✓ da.

(duration) ✓ yrs. ✓ mos. 3 da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Henry C Stout M.D.

, 19 (Address) 1926 Tenth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov. 2, 1938

20 UNDERTAKER: C M Waltz — ADDRESS: Wm Fulton Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 51565

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51565

CERTIFICATE OF DEATH

37743 JS

Registered No. 34-J-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernice Camphor (or Campus)

If U. S. Veteran specify WAR

(a) Residence: No. 830 W. Vine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Camphor

6. DATE OF BIRTH (month, day, year) 1-3-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Gertrude Reed

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lin Date Oct 31, 38

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED OCT 31 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 6 1938 to October 27 1938

I last saw her alive on October 27 1938 Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	Sept 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. de Santolle. M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

va 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51566

CERTIFICATE OF DEATH

94 F 51566

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Bonner

If U. S. Veteran, specify WAR World

(a) Residence: No. 530 Hanover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0-40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Anthony J. Bonner

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ODonnell

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Jessie Bonner

(Address) Dawson Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto National Date 10-31 19 38

19. UNDERTAKER Robert Brooks Elson

(Address) Calhoun & Hollins Sts

20. FILED Huntingtown Williams, Md.

(Registrar)

OCT 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (state the evidence obtained by) Inquiry (Inspect., Autopsy or Inquiry) And that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) ... M. D.

(Address) ... Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51567

HEALTH DEPARTMENT—CITY OF BALTIMORE

51567

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 E. Lafayette Ave St. 8-5 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John C. Horn

(a) Residence: No. 2004 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanora Horn

6. DATE OF BIRTH (month, day, year) Oct. 10, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	-	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer M40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chamberlin Metal Weather strip Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Penna.

FATHER

13. NAME Silas P. Horn

14. BIRTHPLACE (city or town) (State or country) Lancaster Penna.

MOTHER

15. MAIDEN NAME Mary A. McKeon

16. BIRTHPLACE (city or town) (State or country) Lancaster Penna.

17. INFORMANT Eleanora Horn

(Address) 2004 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Oct 31, 1938

19. UNDERTAKER George W. Zirkle

(Address) 121 S. Eutaw St.

FILED OCT 31 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul L. Rhenisch Coroner, M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51568

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51568

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 W. Lombard St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Chester

If U. S. Veteran specify WAR

(a) Residence: No. 647 W. Lombard St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Nellie Chester

6. DATE OF BIRTH (month, day, year) About 1881.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Bldg

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Anthony Chester

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs Anna P. Lapsa

(Address) 755 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 31 1938

19. UNDERTAKER William J. Tickner & Sons

(Address) Rock & Penna Aves.

[illegible] Huntington Williams [illegible]

OCT 31 1938

V S 4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	1 hr
Other contributory causes of importance: Chr Bronchitis & Emphysema (Pulmonary)	2 yrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Adams M. D. Coroner

(Address) 360 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51569 HEALTH DEPARTMENT—CITY OF BALTIMORE 51569

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bassie Smith

If U. S. Veteran specify WAR

(a) Residence: No. 5227 Denmore Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas J. Smith

6. DATE OF BIRTH (month, day, year) Feb. 14-1901

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
37 yr.	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jessie Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Pride

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bassie Smith

(Address) 5227 Denmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Oct. 31 1938

19. UNDERTAKER C. J. Brooks

(Address) 1963 W Carey St

20. Huntington Funeral Home OCT 31 1938 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1938, to Oct. 28, 1938

I last saw her alive on Oct. 28, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1937
Congestive Heart Failure	Oct. 14 1938

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Urinalysis - Blood chem. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas F. Straley M.D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

51570 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51570

CERTIFICATE OF DEATH

COR--38813

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Burns

(a) Residence: No. 2002 Bank St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-20-38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8 days old 0	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Burns

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosina France

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 10-29-38

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1938 to Oct. 28, 1938

I last saw him alive on Oct. 28, 1938 Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CLEFT - PALATE	10/20/38
HARE-LIP	10/20/38
SYNDACTYLISM	10/20/38
ASPIRATION PNEUMONIA	10/26/38
Other contributory causes of importance: ACUTE ENTERO-COLITIS	10/22/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C/L/PAL Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph M. Corder M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 31 1938

Huntington, Nassau, N.Y.

348500 348571

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 51571

CERTIFICATE OF DEATH

Registered No. 473

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Steve Bogiages

(a) Residence: No. ... Newark St., ... Ward. Westminster Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-7-81

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Ernest Bogiages

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Caliope

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 31st 1938

19. UNDERTAKER Francis Reese

(Address) Westminster Md

OCT 31 1938 19 ... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to Oct 29, 1938

I last saw him alive on Oct 29, 1938. Death is said to have occurred on the date stated above, at 4:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Neoplasm of Pleura c Metastases - ? Brain Metastases	1935
Pleural Effusion - Right & Non-Tuberculous	
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roger B. Scott, M. D.

(Address) Johns Hopkins Hosp.

VS 3

Information should be carefully supplied. Note should be taken that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 51572

51572

CERTIFICATE OF DEATH.

93-C

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1732 Thomas Ave St. 5-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everett H. Smalling

(Residence in Baltimore: No. 1732 Thomas Ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Jan. 20, 1869. (Month) (Day) (Year)

7-AGE: 69 yrs. 9 mos. 9 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Jeffs New York

PARENTS.

10-NAME OF FATHER: Edgar Wm Smalling

11-BIRTHPLACE OF FATHER (State or Country): Jeffs New York

12-MAIDEN NAME OF MOTHER: Sarah A. Brown

13-BIRTHPLACE OF MOTHER (State or Country): Sarelle Long Island N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie O. Smalling

(Address) 1732 Thomas Ave

15- Attending Physician

Filed ..... 19..... Registrar.

CT 31 1938

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. 30, 1938 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

10/30 ....., 19.. (Address) 1715 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Nov. 1, 1938

20-UNDERTAKER: Francis E. Eyler ADDRESS: 1600 N North Ave

Important. See instructions on back of certificate.

51573 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51573

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2460 Gilmore St. Ward 3)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Coughlin

(a) Residence: No. 2460 Gilmore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of James Coughlin

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patk. Keaney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss K. Coughlin

(Address) 2460 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11-1 1938

19. UNDERTAKER Mary M. Medairy

(Address) 2460 Greenmount Ave

20. FILED OCT 31 1938 19 [illegible] Registrar.

Hunting for Ireland, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1936 to October 29 1938

I last saw h. alive on Oct. 28 1938 Death is said to have occurred on the date stated above, at 4.5 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/25/38
Other contributory causes of importance: Cerebral arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton R. Hall M. D.

(Address) 4531 Reisterstown Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51574 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51574

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Mueller

If U. S. Veteran specify WAR .....

(a) Residence: No. 1422 Gough St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of SINGLE

6. DATE OF BIRTH (month, day, year) July 19, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George J. Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Francis Reh

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frances Mueller
(Address) 306 S. Wolfe

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 3 38

19. UNDERTAKER Mendell & Heppel
(Address) 1401 E. Gough St.

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1938 to 10/29, 1938

I last saw him alive on 10/29, 1938 Death is said to have occurred on the date stated above, at 10.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	10/27/38
Other contributory causes of importance:	
Hypertension	3-4 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Reid M. D.

(Address) Sinai Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 31 1938

51575

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51575

CERTIFICATE OF DEATH

× 82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Bolen

If U. S. Veteran specify WAR

(a) Residence: No. Brandywine St., Md. ard.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) T. B. Md.

FATHER

13. NAME Carl Bolen

14. BIRTHPLACE (city or town) (State or country) Hull, Maryland

MOTHER

15. MAIDEN NAME Thomascine Hawkins

16. BIRTHPLACE (city or town) (State or country) Brandywine, Maryland

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place T. B. Md. Date Oct 31, 1938

19. UNDERTAKER Hewett & Ryon

(Address) Waldorf, Md.

20. FILED OCT 31 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1938 to Oct. 29, 1938

I last saw h— alive on Oct. 29 1938. Death is said to have occurred on the date stated above, at 8 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Longitudinal Sinus Thrombosis	10/21/38.
Lateral Sinus Thrombosis	
Other contributory causes of importance: Cardiac Failure	10-28.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ryon G Tull Jr M. D.

(Address) Lydenhurst Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

51576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51576

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor 93-E

CITY OF BALTIMORE: (No. 1730 Valley St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where died 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James M. Hooper

(a) Residence: No. 1200 Valley Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anne Carroll

6. DATE OF BIRTH (month, day, year) July 20 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	3	11	9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sail + Awning maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Hooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) T. L. Hooker 1300 Md Royal Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 11/1 '38

19. UNDERTAKER (Address) Chas. S. Daus Hooker 1151 Md Royal Ave

20. FILED Huntington Williams, Mgr.

NOV 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 '38

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1938, to Oct 29 1938

I last saw h[e] alive on Oct 29 1938. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Pulmonale	7
Arteriosclerosis	?
Hypostasis	3

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Mack Tucker M. D.

(Address) 1114 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

5 1577

HEALTH DEPARTMENT—CITY OF BALTIMORE 51577

CERTIFICATE OF DEATH 38078 (MB) 82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Scott

(a) Residence: No. 808 Edmonds on Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Allen

6. DATE OF BIRTH (month, day, year) 11/6/~~1884~~ 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~53~~ 50 ~~53~~	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Horace

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ...
(Address)

20. FILED 11/3/38 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17. 1938. to October 29. 1938

I last saw him alive on October 29. 1938. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-7-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lamielle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V8 8

31578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51578

CERTIFICATE OF DEATH

74

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME O. Harold Simms

If U. S. Veteran specify WAR .....

(a) Residence: No. 731 Dolphin St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edw. Simms

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Rena Williams

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Rena Simms

(Address) 731 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 7, 1938

19. UNDERTAKER Jesse W. Tadlock

(Address) 1536 W. Baltimore St.

20. FILED NOV 21 1938 19... Wm. ... Registrar?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-11-38, 19..., to 10-28-, 1938

I last saw ~~him~~ alive on 10-28-38, 19... Death is said to have occurred on the date stated above, at 6:40 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytosis	?
Other contributory causes of importance: Toxemia	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. T. Maloney M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

Exh

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51579 51579 154

Registered No. W2640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5410 Lemmon Ave St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Edwards Roberts and Ruth Jones (If U. S. Veteran give WAR)

(a) Residence: No. 5410 Lemmon Ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-30-38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ruth Edwards Roberts

14. BIRTHPLACE (city or town) (State or country) Wytheville Va

MOTHER

15. MAIDEN NAME Ruth Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ruth Jones

(Address) 5410 Lemmon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 31 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 31 1938 Huntington Williams, M.D.

4394 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1938, to ..., 19...

I last saw him alive on Oct 30, 1938 Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Watts, M. D.

(Address) 5115 Huntington Ave

OCCUPATION is very important. See instructions on back of certificate.

51580 E 51580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 946 Burgundy St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J. Little

If U. S. Veteran specify WAR .....

(a) Residence: No. 946 Burgundy St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Clara Little

6. DATE OF BIRTH (month, day, year) May 1 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52.	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas H. Little

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Clara B. Causey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Mary E Shylott

(Address) 1415 S. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/1, 1938

19. UNDERTAKER John J. Cowdrey Son

(Address) 901 E. Fallsway

20. FILED ..... Registrar.

11 1938

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1938, to Oct 29, 1938

I last saw him alive on Oct 26, 1938. Death is said to have occurred on the date stated above, at 2 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Dec 1937

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Edward F. Milan M. D.

(Address) 682 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement as to OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

51581 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51581

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert F. Lowder

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Waggner

6. DATE OF BIRTH (month, day, year) March 6, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Lowder

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Amanda Willey

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sr. Stanislaus

(Address) 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Nov 1, 1938

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Fremont Ave

20. FILED Oct 31 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1938 to Oct 30, 1938

I last saw h[illegible] alive on Oct 29, 1938. Death is said to have occurred on the date stated above, at 2:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Total Edema	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. McGlynn, M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 51582 STATE OF MARYLAND—CERTIFICATE OF DEATH

F 51582

92-6

1. PLACE OF DEATH

County Baltimore

Registration Dist. No.

Village or City Baltimore No. 141 Oak Hill Ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Florence Rohrbaugh

(a) Residence No. 911 Cardwell Ave St. Md Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lee Rohrbaugh.

6. DATE OF BIRTH (month, day, and year) March 17, 1869.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housekeeper.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) New Freedom Pa.

FATHER

13. NAME George Shaffer

14. BIRTHPLACE (city or town) (State or country) New Freedom, Pa.

MOTHER

15. MAIDEN NAME Susanna Bowmaker

16. BIRTHPLACE (city or town) (State or country) New Freedom Pa.

17. INFORMANT (Address) Mrs Lee Rohrbaugh 911 Cardwell Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place New Freedom Pa Date Nov 3 1938

19. UNDERTAKER (Address) Arnold Bros Huntingtown

Filed OCT 31 1938 Huntington Williams, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 31 1938

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to Oct 31 1938

I last saw h... alive on Oct 31 1938, death is said to have occurred on the date stated above, at 2.00 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows

	Date of onset
Endocarditis	June 1937

Other **Contributory Causes** of importance:

Senile Failure Incipient TB

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Warren Thomas M. D.

(Address) 3126 Eastern Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

TION is very important. See instructions on back of certificate.

51583

HEALTH DEPARTMENT—CITY OF BALTIMORE

51583

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N 24th St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence T. Wilmer If U. S. Veteran specify WAR No Record

(a) Residence: No. 120 N 24th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 19 1872

7. AGE: Years 66 | Months 8 | Days 2 | If LESS than 1 day, hrs. or min. 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation, (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Cecil Co. Md.

FATHER

13. NAME: Col. Edwin Wilmer

14. BIRTHPLACE (city or town) (State or country): Del

MOTHER

15. MAIDEN NAME: Hannah E. Megrady

16. BIRTHPLACE (city or town) (State or country): Cecil Co Md

17. INFORMANT: Janet S. Hepburn

(Address): 120 W. 24th St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Cemetery

Place: Port Deposit Md Date: Nov 2nd 1938

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED NOV 1 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis. 6/22/38
Cardio Vascular
Degeneration

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

51581

HEALTH DEPARTMENT—CITY OF BALTIMORE

51581

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 834 N. Howard St. St. 11-3 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clinton D. Miller

(a) Residence: No. 834 N. Howard St St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche C Miller

6. DATE OF BIRTH (month, day, year) Dec 13 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Cleaning Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J — Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Blanche C Miller

(Address) 834 N. Howard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 2 38

19. UNDERTAKER William Cook

(Address) 1217 W Pratt St

NOV 1 1938 Huntington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938. to Oct 31. 1938

I last saw him alive on Oct 31. 1938. Death is said to have occurred on the date stated above, at 8:10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	1 yr.

Other **contributory causes** of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clin. Autopsy? there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Thos. Horton. M. D.

(Address) 888 N. Lombard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51585

CERTIFICATE OF DEATH

✓ 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1/2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME James Fletcher

(a) Residence: No. 938 Frankstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1938.

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Augusta

FATHER

13. NAME Joseph Fletcher

14. BIRTHPLACE (city or town) (State or country) Augusta

MOTHER

15. MAIDEN NAME Rose Mary

16. BIRTHPLACE (city or town) (State or country) Augusta

17. INFORMANT Mrs. Rose Fletcher

(Address) 938 Frankstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov 2 38

19. UNDERTAKER Geo. Fred Lutz

(Address) Frankstown Rd

20. FILED Nov 1 1938 Huntington Williams, Registrar

NOV 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938. to Oct 31, 1938.

I last saw h— alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	
Malnutrition	one
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury —, 19...

Where did Injury occur? —

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. R. Tumpt M. D.

(Address) St. Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

51586 HEALTH DEPARTMENT—CITY OF BALTIMORE 51586

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 346 Seneca St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Barnhart

(a) Residence: No. 346 Seneca St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William N. Barnhart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Anne Kemp

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Elizabeth A Barnhart 346 Seneca St

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem Date Nov. 1 1938

19. UNDERTAKER (Address) Horace H. Dugan 2231 Eutaw Road

20. FILED ... 19 ... Registrar.

Nov 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Oct 30 1938

I last saw her alive on Oct 29 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac dilation	2

Other contributory causes of importance:
Myocardial insufficiency

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Cx Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) [illegible] M. D.

(Address) 8424 Charleston Dr

OCCUPATION is very important. See instructions on back of certificate.

F 51587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51587

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 415 E. Clement St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Zenk

If U. S. Veteran specify WAR

(a) Residence No. 415 E. Clement St St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Zenk

6. DATE OF BIRTH (month, day, year) Mar. 1, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Zenk

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Anna Noonan.
(Address) 415 E Clement St

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Cem. Date 11-2 1938

19. UNDERTAKER Bernard C. Harle
(Address) 121 E West St

20. FILED 19 Huntington Williams, Registrar

NOV 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to Oct. 30, 1938

I last saw him alive on Oct. 29, 1938 Death is said to have occurred on the date stated above, at 4:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied prostate - benign	1934
Chr. myocarditis	1936
Intestinal nephritis	1935

Other contributory causes of importance:

Uremia - acute cardiac dilatation	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin. data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Lee Schlenger M. D.

(Address) 3845 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

51588 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51588

CERTIFICATE OF DEATH

1938-D

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 926 S. Caca St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Louis Brazis

If U. S. Veteran specify WAR

(a) Residence: No. 926 S. Caca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Brazis

6. DATE OF BIRTH (month, day, year) March 2 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania Europe

FATHER

13. NAME Andrew Gurickus

14. BIRTHPLACE (city or town) (State or country) Lithuania Europe

MOTHER

15. MAIDEN NAME Ugtnorus

16. BIRTHPLACE (city or town) (State or country) Lithuania Europe

17. INFORMANT Joseph Brazis

(Address) 926 S. Caca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Redeemer Date Nov. 2 1938

19. UNDERTAKER Joseph Kavanagh Jr.

(Address) 612 Washington Blvd

20. FILED Huntington Village, Md.

Registrar.

Nov 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Oct 30, 1938

I last saw h.. alive on Oct 30, 1938 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10 d
Other contributory causes of importance: Acute Cardiac Dilatation	10 d

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

51589

HEALTH DEPARTMENT—CITY OF BALTIMORE

51589

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Collins St. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Klemka

(a) Residence: No. 829 Collins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - Anna Klemka

6. DATE OF BIRTH (month, day, year) March 9 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania Europe

FATHER
13. NAME Mathew Klemka
14. BIRTHPLACE (city or town) (State or country) Lithuania Europe

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Lithuania Europe

17. INFORMANT Stephanie Klemka
(Address) 829 Collins St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Nov. 2 19 38

19. UNDERTAKER Joseph T. Kaminskas
(Address) 1512 Washington Blvd

20. FILED ... 19 38 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1937 to 10-30- 1938

I last saw him alive on 10-28 1938. Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	about -
Myocardial Degeneration	Mar. 1937
Chronic Nephritis	2 mos ago

Other contributory causes of importance

Was an operation performed? No Date of -

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ... 19 ...

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph T. Kaminskas M. D.

(Address) 37 S. Stricker St

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

VS 9 — 1938

M. D. B. 1268-9

Dr Byerly. 3045 W North Ave (63rd ?)

51590

HEALTH DEPARTMENT—CITY OF BALTIMORE

51590

CERTIFICATE OF DEATH

6-5-38

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2407 W. Lafayette Ave. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Rosalie Jacobs

(a) Residence: No. 2407 W. Lafayette Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced (write the word)~~: Widow

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Charles E. Jacobs

6. DATE OF BIRTH (month, day, year): Dec 25 1855

7. AGE: Years 82 | Months 10 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Conrad Hofman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Edw Jacobs

(Address) 2407 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem Nov 2.

Date 19

19. UNDERTAKER: Geo H Leimbach

(Address) 20 N. Eutaw St

20. FILED NOV 1 1938 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 30 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 19 38 to Oct 30 1938 19 38

I last saw h alive on Oct 29 19 38 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis from uterus	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) MD M. D.

(Address) 24 W North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether from accident, suicide or homicide. OCCUPATION is very important. See instructions on back of certificate.

51591

HEALTH DEPARTMENT—CITY OF BALTIMORE

51591

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Maryland St., Ward)

Registered No. .....

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E Hayes

If U. S. Veteran specify WAR .....

(a) Residence: No. 2401 Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Hayes

6. DATE OF BIRTH (month, day, year) 5-13-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Fredrick Hayes
(Address) 2401 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Date 11-1-38

19. UNDERTAKER Leonard J Peck
(Address) 530 E Hartford Rd

20. FILED Huntington Williams, Registrar
NOV 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Oct 30, 1938

I last saw her alive on Oct 29, 1938. Death is said to have occurred on the date stated above, at 7 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 14
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Dead Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H H Peyser M. D.

(Address) 2405 Charlemont

HEALTH DEPARTMENT—CITY OF BALTIMORE

1592 F 51592

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5123 Wetheredsville Rd. St., 2 & 3 Ward) Hillsdale

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George T. Neal

If U. S. Veteran specify WAR .....

(a) Residence: No. 5123 Wetheredsville Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Florence M. Neal

6. DATE OF BIRTH (month, day, year) Sept. 7, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stone-Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
1930	

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Neal

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Cora Ware

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Florence M. Neal
(Address) 5123 Wetheredsville Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Nov. 1, 1938

19. UNDERTAKER E. Howard Strong
(Address) 715 Light St.

20. FILED NOV 1 - 1938 [illegible] Registrar

V89

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Oct 30, 1938
I last saw him alive on Oct 30 1938. Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1930
Other contributory causes of importance: Uraemia Convulsions	Oct 27 38

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) A. C. Smith M. D.

(Address) 4209 Gelston Ave

51593 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51593

CERTIFICATE OF DEATH ✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 34 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H Taylor

(a) Residence: No. 625 N Washington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Mak. Taylor

6. DATE OF BIRTH (month, day, year): June 30. 1885

7. AGE: Years 53 | Months 4 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Actor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Act

10. Date deceased last worked at this occupation (month and year): Oct 1938

11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Martinsville Ohio

FATHER

13. NAME: Albert Taylor

14. BIRTHPLACE (city or town) (State or country): Greenfield Ohio

MOTHER

15. MAIDEN NAME: Celia B Sprinkle

16. BIRTHPLACE (city or town) (State or country): Greenfield Ohio

17. INFORMANT: Mrs Mary Mak. Taylor

(Address) 625 N Washington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Vienna. Ohio Date 11-1-38

19. UNDERTAKER: Robert S Sittle

(Address) 2700 Monadnock Ave

20. DATE NOV 1 - 1938 Huntington, Wil. Received, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1938 to Oct 31, 1938

I last saw h alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 1 1/2 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1 Lobar Pneumonia (Type VIII)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Turner, M. D.

(Address) St. Joseph Hosp

V 9 3

51594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51594

CERTIFICATE OF DEATH

√ 940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Walton East

If U. S. Veteran specify WAR .....

(a) Residence: No. 6419 Windsor Mill Rd. St., ... Ward. Woodlawn Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Margaret East

6. DATE OF BIRTH (month, day, year) October 6, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Filling Station

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME George East

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Sarah Dibb

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. Walton East

(Address) 6420 Windsor Mill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Nov. 2, 1938

19. UNDERTAKER Wm. J. Tielmer & Sons, Inc.

(Address) North & Pa. Ave.

FILED NOV 1 - 1938 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1938 to 10-30 1938

I last saw him alive on 10-30 1938. Death is said to have occurred on the date stated above, at 8:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY THROMBOSIS	10-23-38
Other contributory causes of importance:	
Multiple Pulmonary Infarcts	?

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas O. Sala Jr. M. D.

(Address) University Hospt.

F 51595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51595

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home of Incurables St. 3-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Alice Wheatley

(a) Residence: No. Home of Incurable St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER FATHER

13. NAME Francis Wheatley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Walsh Kenny

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Home for Incurables. (Address) 701 Edmondson Road

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount. Date 11/1/38

19. UNDERTAKER Henry Fletcher & Sons. (Address) 1600 E. Fayette St.

20. FILED (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	10/30
Other contributory causes of importance: Had fall & possible fracture of Chest	10/23/38

Was an operation performed? Date

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) state also the following: Accident, suicide, or homicide? Accident Injury occurred Oct 26 1938.

Where did injury occur? Home for Incurables (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Slipped and fell on floor

Nature of injury Injury to Chest

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A. Adams M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

071—1938

51596

HEALTH DEPARTMENT—CITY OF BALTIMORE

51596

CERTIFICATE OF DEATH

13-BV

CGK --38436

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

If U. S. Veteran specify WAR .....

2. FULL NAME Alexander Brunner

(a) Residence: No. 1106 S. Kenwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
11 Months	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME William Brunner

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Barbara Seniuk

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Where Mangus. Cem. Date Nov. 2 19 38

19. UNDERTAKER Shirley Funeral Home
(Address) 1000 N. Kenwood Ave

20. FILED NOV 1 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 19 38 to Oct 31, 19 38

I last saw him alive on Oct 31, 19 38 Death is said to have occurred on the date stated above, at 7'54 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	10/23/38
Other contributory causes of importance: Nutritional Anemia	7

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph W. Cole M. D.

(Address) Baltimore City Hospitals

2KB

51597 F 51597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Reitzel

(a) Residence: No. 1200 Valley Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Gilder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Matthew Reitzel

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Frederika Fraasher

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mount Wilson Park Date 11/2/38 19

19. UNDERTAKER Rita Windefeld.
(Address) 914 Greenmount Ave

20. FILED 11-1938 Martin Fox Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1938 11 A m. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1938 to Oct 31 1938

I last saw him alive on Oct 31 1938 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	6/1/38
Other contributory causes of importance: Edema of Lungs	10/31/38

Was an operation performed? No Date of .....

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ..... Gill Hall

(Signed) 1031 E North Ave M. D.

(Address) Baltimore Md

1598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1598

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Ester

If U. S. Veteran specify WAR ...

(a) Residence: No. Lorraine ave Essex, Md. Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-21-38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Ester

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elva Creamer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem Date Nov. 1 1938

19. UNDERTAKER John F. Connelly (Address) Essex Md.

20. FILED Nov 1 1938 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938 to Oct 31, 1938

I last saw her alive on Oct 31, 1938 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity, multiple congenital anomalies.	10/21/38
Other contributory causes of importance	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. S. Baer, M. D.

(Address) Johns Hopkins Hosp.

51599 F 51599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Milton Ave. St., 7-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME HARRY OBERT OLSEN

(a) Residence: No. 805 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia J. Olsen

6. DATE OF BIRTH (month, day, year) Sept. 3. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gayety Theater.

10. Date deceased last worked at this occupation (month and year) Sept. 1936

11. Total time (years) spent in this occupation 22yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Hans Jacob Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Bertha M. Olsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Amelia J. Olsen (Wife)
(Address) 805 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Place Date Nov. 1. 1938

19. UNDERTAKER HENRY SANDER & SONS, INC. Harry T. Sander
(Address) Baltimore & Broadway.

20. FILED NOV 1 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938 to October 29, 1938

I last saw him alive on October 29, 1938 Death is said to have occurred on the date stated above, at 2.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiovascular Renal Disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Kelly, M. D.

(Address) 3522 Greenmount Avenue

51600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51600

CERTIFICATE OF DEATH

✓108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 E. Baltimore St. 20-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa A. Schmidt

(a) Residence: No. 2535 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Schmidt

6. DATE OF BIRTH (month, day, year) Jan. 11, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Christopher

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Hammer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles H. Schmidt

(Address) 2536 E. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 11/2/38 19

19. UNDERTAKER Frederick G. Cole

(Address) 700 W Lombard St.

20. FILED Nov 1 1938 Registrar.

V1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1938, to Oct 30 1938

I last saw her alive on Oct 30 1938. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LUNG INFARCT	Aug 18-1938
THROMBOPHLEBITIS R LEG	Oct 25 1938
LOBAR PNEUMONIA	Oct 27 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J Nolan M. D.

(Address) 682 Washington Blvd

51601

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51601

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St. 12 + Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Schneider

If U. S. Veteran specify WAR

(a) Residence: No. 3405 Woodbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 24/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8 days		(8 days)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Schneider

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Berta

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John Schneider
(Address) 3405 Woodbrook ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Boroden Date Nov 1, 1938

19. UNDERTAKER Sol Levinson Bro
(Address) 1124 W North Ave

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938, to Nov. 1, 1938

I last saw h... alive on Nov. 1, 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	
Acute Otitis Media	
Other contributory causes of importance: Gastrointestinal Pneumonia	

Was an operation performed? Yes Date of 10/31/38

For what disease or injury? Acute Otitis Media

Name of operation Paracentesis of Right Ear

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Leon Frank Rodansky M. D.

(Address) Sinai Hospital

VS 3

602

HEALTH DEPARTMENT—CITY OF BALTIMORE 51602

CERTIFICATE OF DEATH

X 82-a

1. PLACE OF DEATH Baltimore Md.

CITY OF BALTIMORE: (No. Provident Hospital St. 14-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Guy Hooper

If U. S. Veteran specify WAR .....

(a) Residence: No. Ellicott City Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Hooper

6. DATE OF BIRTH (month, day, year) Jan 29 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylors Island Dorchester Co. Md.

FATHER

13. NAME John Wesley Hooper

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Stanley

16. BIRTHPLACE (city or town) (State or country) Taylors Island Dor Chester Co Md

17. INFORMANT W. F. Saunders. (Address) 115-N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL Place Taylors Island. Date Nov. 2nd 1938

19. UNDERTAKER Adolphus Halstead (Address) 918 Edmondson Ave

20. FILED Nov 2 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-1-38 19.. to 10-30-38 19..

I last saw h alive on 10-30-38 19.. Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-1-38
Other contributory causes of importance: Left Side Hemiplegia	10-1-38

Was an operation performed? / Date of /

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lt. T Maloney M. D.

(Address) Provident Hospital.

51603 E 51603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613-N. Spring Street St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Shearer

If U. S. Veteran specify WAR

(a) Residence: No. 1613-N. Spring Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara (Huber)

6. DATE OF BIRTH (month, day, year) 2/29/1860

7. AGE Years	Months	Days	If LESS than 1 day XX XXX or ... min.
74	8	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett-Hayward Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington?DC.

FATHER

13. NAME William Shearer

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Barbara Shearer
(Address) 1613-N. Spring Street

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Cem. Date 11/2/38

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/38

22. I HEREBY CERTIFY, That I attended deceased from 10/25/38, 19..., to 10/29/38, 19...

I last saw h/ alive on 10/28/38. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
Other contributory causes of importance: Bronchio-Pneumonia	1 Week

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph S. Blenn M. D.

(Address) 1206 E. Preston St.

VS 3

E 51604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51604

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. B 2 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Gibbs

If U. S. Veteran specify WAR .....

(a) Residence: No. Bethel, North Carolina R.F.D. 1 St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) October 25, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Arthur Parker

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Anna Ruth Gibbs

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date NOV 1 1938 19

19. UNDERTAKER Commissioner of Health

(Address)

Per H. A. Moore

20. FILED ... 19 ... Registrar.

11-1-1938 4395

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1938 to October 26, 1938

I last saw her alive on October 26, 1938. Death is said to have occurred on the date stated above, at 1 50a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes ... If so, specify ...

(Signed) Dazola F. Sadusk, Jr., M. D.

(Address) The Johns Hopkins Hospital

51605 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51605

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B 3 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Thompson

(a) Residence: No. 523 N. Bond St St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): October 29 1938

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month, day, year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: George Throw

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ethel Thompson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date DEC 1 1938 19

19. UNDERTAKER (Address)

Per H. E. Moore

Registrar

FILED DEC 1 1938 19

VI-1938 4396

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1938 to October 25, 1938

I last saw him alive on October 25, 1938 Death is said to have occurred on the date stated above, at 1:50a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline Rebecam M. D.

(Address) The Johns Hopkins Hospital

31606 E 51606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. B. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Bohlen

(a) Residence: No. Mace Ave. & Fleminers Run, St., ... Ward. .....
(Usual place of abode) md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) October 27, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Bohlen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Orvey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date NOV 1 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1938, to October 27, 1938.
I last saw him alive on October 27, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Joseph T. Packard, Jr. M. D.

(Address) The Johns Hopkins Hospital

4397

51607

HEALTH DEPARTMENT—CITY OF BALTIMORE

51607

CERTIFICATE OF DEATH

160-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital B[illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Williams

(a) Residence: No. Fullerton, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) October 23, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. 9 / 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Campbell Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Myers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL Date NOV 1 1938 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED Per H. A. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 23 1938 to October 23 1938
I last saw him alive on October 23 1938 Death is said to have occurred on the date stated above, at 2:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	

Other contributory causes of importance:
Prematurity

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Caroline Jackson M. D.
(Address) The Johns Hopkins Hospital

4398

51608

HEALTH DEPARTMENT—CITY OF BALTIMORE

51608

CERTIFICATE OF DEATH

CGK--38287 23

1. PLACE OF DEATH

Registered No. 349

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Gibson

(a) Residence: No. 423 S. Grundy St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gean Henry Gibson

6. DATE OF BIRTH (month, day, year) Unknown 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloke Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 11/2/ 19 38

19. UNDERTAKER J. Gordon Sons
(Address) 3600 E. Baltimore St.

20. FILED NOV 1 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 23 1938 to October 30 1938

I last saw her alive on October 30 1938. Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis of Lungs	Oct. 1938
Other contributory causes of importance	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. De Lautelle, M. D.

(Address) Baltimore City Hospitals

F 51609

51609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 W. Pratt Ward)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Jones

(a) Residence: No. 1004 Patrolton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Jones

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years 59 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Va

FATHER

13. NAME Peter Jones

14. BIRTHPLACE (city or town) (State or country) Va ?

MOTHER

15. MAIDEN NAME Violet Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lelia Jones

(Address) 1004 Patrolton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/2 1938

19. UNDERTAKER Sam'l. M. Chase & Son

(Address) 638 N. Gilmor

20. FILED 19 Registrar

NOV 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and view the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Oct 29 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. S. Allen M. D.

(Address) 530 Cathedral St

1610

HEALTH DEPARTMENT—CITY OF BALTIMORE

51610

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 W. Fairmount Ave (Ward) 18

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E. Rasin

(a) Residence: No. 3518 Lucille Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas F. Rasin

6. DATE OF BIRTH (month, day, year) Jan 8-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — do

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Rising Sun Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Davis (Daughter)
(Address) 509 Spring Hill Ave Wilmington Del.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Chapel Md. Nov. 4 38

19. UNDERTAKER Pennington & Son
(Address) Havre de Grace, Md.

20. NOV 1 - 1938 Registrar's No. 4 Huntington Ave, Wilmington, Del

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938, to Nov 1 1938

I last saw h.. alive on Oct 21 1938. Death is said to have occurred on the date stated above, at 10:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
Other contributory causes of importance:	
Chr Endocarditis	?
Bronchial Pneumonia	10/17/38

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1401 Eutaw Place

Left

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51611 — CERTIFICATE OF DEATH — 94-B — F 51611

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Clay Smith

(a) Residence: No. 1511 Braddish ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Clara B. Smith

6. DATE OF BIRTH (month, day, year) May 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Co. Pk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Waterman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Smith Jr.

(Address) 1511 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/3 1938

19. UNDERTAKER Chas. E. Franck

(Address) 512 Madison Ave

20. FILED NOV 1 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51612

CERTIFICATE OF DEATH

11-a F 51612

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Lurman Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willem Simms

(a) Residence: No. 1413 W Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Child

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 30 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Willie Simms

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Evelyn Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Evelyn Simms

(Address) 1413 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Nov 1 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED NOV 1 - 1938 Huntington Williams Reg. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance: Acute Respiratory Infection (Influenza)

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

7-8-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51613

CERTIFICATE OF DEATH

173

Registered No. F 51613

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (or) Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR.

2. FULL NAME Eoman Tillie

(a) Residence: No. 661 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Tillie

6. DATE OF BIRTH (month, day, year) Feb 22 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Edward Tillie

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Fortune

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph Tillie
(Address) 1119 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk, Va Date Nov 2, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Johnson St

Huntington Mallevill, Pa
Registrar.

21. FILED NOV 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gun shot wound of neck - involves sub-clavian and brachial Plexus

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Homicide Date of injury Oct 30. 1938

Where did injury occur? Salts Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Runway

Manner of injury Was shot by - 32

Nature of injury Gun -

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. E. Allen M. D.
(Address) 50 Pinegate Court

51614

✓ F 51614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 W. Lexington St., 18-1 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hazel Jackson

(a) Residence: No. 913 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March 4, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Arthur Johnson

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

17. INFORMANT Mary Jackson
(Address) 913 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Nov 2 1938

19. UNDERTAKER Leon A. Pinkney
(Address) 1834 West Lafayette Ave

20. FILED 1-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.29.38 19

22. I HEREBY CERTIFY, That I attended deceased from 10.26.38 19 to 10.29.38 19

I last saw her alive on 10.29.38 19 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	10.25.38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Fair M. D.

(Address) 400 N. Carrollton

51615 V F 51615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3547 E. Hanover St., 25-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Scott Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 3547 E. Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23-1938

7. AGE Years	Months	Days 8 7	If LESS than 1 day, hrs. or min.
—	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Norman Scott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Genevieve Klupp.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Norman Scott.
(Address) 3547 E. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Nov. 1 1938

19. UNDERTAKER Fred W Ozgzewska
(Address) 1930 Eastern Ave

20. FILED NOV 1 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1938 to Nov 1 1938

I last saw him alive on Oct 31 1938 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immature 4½ lbs	
Atelectasis	Same Day

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo D. Walker M. D.

(Address) 4700 Vermont Ave

1616

HEALTH DEPARTMENT—CITY OF BALTIMORE

51616

CERTIFICATE OF DEATH 38390 (15) 23

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Waters

If U. S. Veteran specify WAR .....

(a) Residence: No. 1403 W. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/7/1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Edward Thomas Waters

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Lelia Carroll

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Md Date November 3, 1938

19. UNDERTAKER Lottie Grose
(Address) 1408 Oakland Ave

20. FILED NOV 4 1938 Christine Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-38

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1938, to 10-31, 1938

I last saw her alive on 10-31, 1938. Death is said to have occurred on the date stated above, at 7.35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	?
Pulmonary Embolus	10-31
Other contributory causes of importance	

Was an operation performed? yes Date of 10-29-38

For what disease or injury?

Name of operation Thoracoplasty

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify .....

(Signed) L K Woodward Jr M. D.

(Address) Balto City Hosp

51617 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51617

CERTIFICATE OF DEATH

46c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 St. Paul St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? 73 yrs. 3 mos. 25 ds.

2. FULL NAME Harry Lee Riall

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1061 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jessie E. Riall

6. DATE OF BIRTH (month, day, year): July-7-1865

7. AGE: Years 73 | Months 3 | Days 25th | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired from
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ins. firm Riall-Jackson Co
10. Date deceased last worked at this occupation (month and year): About 1929
11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John H. Riall
14. BIRTHPLACE (city or town) (State or country): Balto. md

MOTHER

15. MAIDEN NAME: Rose Kelly
16. BIRTHPLACE (city or town) (State or country): Balto. md

17. INFORMANT: Miss Beatrice M. Riall (daughter)
(Address): Blakeston apts.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Nov-3/ 38

19. UNDERTAKER: STEWART & MOWEN COMPANY
(Address): (W. F. MOWEN SUC.) 102 W. NORTH AVENUE

20. FILED: Nov 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1937 to 11-1 1938

I last saw h.A.W alive on 10-31 1938 Death is said to have occurred on the date stated above, at 2 4/3 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon — Date of onset ± 1934

Other contributory causes of importance:

Hemorrhage from Carcinoma

Was an operation performed? Yes Date of ± 1934

For what disease or injury? Carcinoma

Name of operation: 2 x plicatory & Colostomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Manfred L. Gottheader M. D.

(Address) 511 Cathedral St.

DV 1-1938

38-3077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51618

CERTIFICATE OF DEATH

46c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2 E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Farlow

If U. S. Veteran specify WAR No

(a) Residence: No. 253 S. Regester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta

6. DATE OF BIRTH (month, day, year) 2/9/79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Latner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lathe Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Hasid B. Farlow

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Milburn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Reads-
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date Nov. 1, 1938

19. UNDERTAKER J Heuman & Son
(Address) 32 S Broadway

20. FILED ... 19 ... By ...

11-1-1938 Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938 to Oct. 31, 1938

I last saw him alive on Oct. 31, 1938 Death is said to have occurred on the date stated above, at 6 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-30
Other contributory causes of importance: Carcinoma of caecum	

Was an operation performed? yes Date of 10-26-38

For what disease or injury? Carcinoma of caecum

Name of operation Resection of caecum

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I F Rongas M. D.

(Address) The Johns Hopkins Hospital

NORTON

F 51619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 B F 51619

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst St., 6th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Hanton

If U. S. Veteran specify WAR

(a) Residence: No. 3220 Weeden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): May 30, 1938

7. AGE: Years — Months: 5 — Days: 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: James Hanton

14. BIRTHPLACE (city or town) (State or country): Stanton, Va.

MOTHER

15. MAIDEN NAME: Helen Palmer

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart of Mary Date: Nov 1st 1938

19. UNDERTAKER: John G. Connolly

(Address): Essex Md.

20. FILED: Nov 1 — 1938 Huntington Willis, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/30/38, 19..., to 10/31/38, 19...

I last saw h— alive on 10/31/38, 19... Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus Meningitis — Date of onset 10/30/38

Other contributory causes of importance:

Jaundice — 10/28

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) ~~Geo W.~~ Harry S. Trimble, M.D.

(Address) Lyndenhurst Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51620

CERTIFICATE OF DEATH

46B F 51620

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 S. Exeter St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benedetto Meli

If U. S. Veteran specify WAR

(a) Residence: No. 2225 S. Exeter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Meli

6. DATE OF BIRTH (month, day, year) November 20 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55 87	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Nastasio Meli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mutarelli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lilly Meli

(Address) 2225 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 2 1938

19. UNDERTAKER Wendell & Heppel

(Address) 1405 E. Eighth St

20. FILED NOV 1 - 1938 Transit Permit from Williamsburg, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938, to Oct. 29, 1938

I last saw him alive on Oct. 29, 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma.	autumn

Other contributory causes of importance:

Metastasis to liver	autumn

Was an operation performed? Yes. Date of Aug. 19, 1938

For what disease or injury?

Name of operation Laparatomy.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Jernigan M. D.

(Address) Medical Arts Bldg.

621

HEALTH DEPARTMENT—CITY OF BALTIMORE 51621

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2712 Hugo ave St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME George Wells Fowler

(a) Residence: No. 2712 Hugo Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of Horse Radish.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Julius Fowler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Houston

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter Fowler

(Address) 5 5/12 Haburgh ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 2nd 1938

19. UNDERTAKER Wm Cook

(Address) 217 St Paul st

NOV 2 - 1938

Huntington Ville Reserve, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.

Coroner

(Address) Coroner

V S 6

Allender

HEALTH DEPARTMENT—CITY OF BALTIMORE

522 F 51622

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... (St.) 15 (Ward) 4

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Allender

(a) Residence: No. 1913 Herbert St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of ~~Edward~~ George W. Allender

6. DATE OF BIRTH (month, day, year) June 15th 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ~~Jan~~ 1935

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME William Roberts

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Burns

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT George W. Allender

(Address) 1913 Herbert St

18. BURIAL, CREMATION, OR REMOVAL

Asbury M. E. Cemetery Date Nov 4th 1938

Place Westminster Md

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED NOV 2 - 1938 Registrar Westminster, Md.

Bly

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 22 1938 to Nov 1 1938

I last saw her alive on Nov 1 1938 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Left Sided Heart failure	
Dec Hydrothorax & Left	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Shep M. D.

(Address) West Balto. Gen. Hosp.

23

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31623

V 210-9

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 25-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry W. Brown

If U. S. Veteran specify WAR

(a) Residence: No. 2453 Westport St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bessie M. Brown

6. DATE OF BIRTH (month, day, year) May 26, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter 0-69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/38

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John H. Brown

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Emma M. Frese

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John T. Brown

(Address) 2308 Cedley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 2nd 1938

19. UNDERTAKER Wm Cook

(Address) 217 St Paul st

20. FILED NOV 2 — 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury Chest	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, homicide or suicide? Accident Oct. 30, 1938 Injury, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collesion between Two Autos.

Nature of injury at Preston & McCullon St.

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) [illegible] M. D.

(Address) 275 Mun Coroner

V 8 8

Shawell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E51624

24

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1608 Clifton ave St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran
(Specify WAR)

2. FULL NAME Mary Shawell

(a) Residence: No. 1608 Clifton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Shawell

6. DATE OF BIRTH (month, day, year) April 21. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Pittsville Md

FATHER

13. NAME William Burkhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina ? ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hayden Daughter

(Address) 2113 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 7 10 pm

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C Haan, Coroner M. D.

(Address) 215 Hanover

V-8 1935-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

625

CERTIFICATE OF DEATH

F 51625

9th a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Pinehurst Ave. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cecil R. Giese

(a) Residence: No. 4014 Pinehurst Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Clinton C. Giese

6. DATE OF BIRTH (month, day, year): Sept 21st 1879

7. AGE: Years 59 | Months 1 | Days 10 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 10/31/38

11. Total time (years) spent in this occupation: 35-

12. BIRTHPLACE (city or town) (State or country): Canada

MOTHER FATHER

13. NAME: Roland Hill

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Cecil E.

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Roland R. Giese

(Address) 3427 Ingleside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Vernon Place Nov 2nd 1938

19. UNDERTAKER: A. Poole & Son

(Address) 213 St Paul St

20. FILED: Huntington Williams, M.D.

NOV 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1938 to Oct. 31 1938

I last saw her alive on Oct 30 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	10/31/38
Other contributory causes of importance: Angina Pectoris	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. Gilsberg M. D.

(Address) 4156 Roycroft Rd.

626

F 51626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2510 Arbuton Ave St. Lakeland Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran — specify WAR

2. FULL NAME Josephine Marcel Lipscomb

(a) Residence No. 2510 Arbuton Ave St. Lakeland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed or divorced (or) WIFE of Edwin M Lipscomb Jr

6. DATE OF BIRTH (month, day, year) Aug 29 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Edward Trockenbrodt

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Edwin M Lipscomb Jr
(Address) 2510 Arbuton Ave Lakeland

18. BURIAL, CREMATION, OR REMOVAL
Place Manassas Va Date Nov 4th 1938

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St

20. FILED NOV 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9 1938 to Nov. 1 1938
last saw her alive on Oct. 31 1938 Death is said to have occurred on the date stated above, at 8 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinite)	
Other contributory causes of importance:	
Acute Dilatation of heart	10/30/38

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) H. L. Campbell M. D.

11/1/38 (Address) 1644 Hanover St

51627

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51627

CERTIFICATE OF DEATH

✓63

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., City Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Patricia Daniels

(a) Residence: No. 706 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 5, 1938

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7 mos	26	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harold Daniels

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Harriet Kohlhoff

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Harold Daniels
(Address) 706 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11/3 1938

19. UNDERTAKER Margaret G. Flynn
(Address) 1022 Light St

20. FILED ... 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31st, 1938, to Nov. 1st, 1938
I last saw her alive on Nov. 1st, 1938 Death is said to have occurred on the date stated above, at 6:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Marasmus	10 days
(b)	2 days
(c)	
(d)	

Other contributory causes of importance
Extreme Dehydration and Malnutrition

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

2-1938

51628 Mrs. Florence Elmer Moore F 51628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 149-B-107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 27-15 Ward)

Length of residence in city or town where death occurred Dy mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Florence Elmer Moore (Nancy) Mrs. James Erskine Moore

(a) Residence: No. 1801 Thornbury Road St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Moore

7. DATE OF BIRTH (month, day, year) May 28, 1914

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Harry D. Phillips
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Eva Elmer
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James E. Moore
(Address) 1801 Thornbury Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Nov. 3 1938

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

NOV 2 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1938, to October 31, 1938
I last saw her alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration pneumonia	Oct 27-38
Bronchopneumonia	

Other contributory causes of importance:
Aspiration during anesthesia for normal delivery at term

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John G. Murray M. D.
(Address) 9 E. Chase St. Balto.

29

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51629

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University of Maryland Hos. St., 16-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jennison Sr.
U. S. Veteran specify WAR

(a) Residence: No. 3036 Presstman Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Alice Lee Jennison

6. DATE OF BIRTH (month, day, year) Oct. 11, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	--	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signal Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jos. Jennison

14. BIRTHPLACE (city or town) (State or country) La.

MOTHER

15. MAIDEN NAME Elizabeth Renton

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT (Address) Mrs. Wm. Jennison 3036 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 11-2-38, 19

19. UNDERTAKER (Address) John O. Mitchell & Sons Inc. 1900 Eutaw Place.

NOV 2 - 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12 hrs
Other contributory causes of importance: Chr Cardio-Vascular Disease	3 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael J. Stamm M. D.
(Address) 2360 Eutaw Place Coroner

V S R

HEALTH DEPARTMENT—CITY OF BALTIMORE

51630 F 51630

CERTIFICATE OF DEATH

✓ 94-D

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 4305 Old York Rd 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara A. Hohman

If U. S. Veteran specify WAR

(a) Residence: No. 4305 Old York Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A.

6. DATE OF BIRTH (month, day, year): Aug 23 1860

7. AGE: Years 78 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Henry Fitz

14. BIRTHPLACE (city or town) (State or country) Germany Balto

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry Hohman

(Address) 4305 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 5 '38

19. UNDERTAKER Martin W.E. Dippel

(Address) 37 S. Ann St.

20. FILED NOV 2 - 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1936 to Nov 1, 1938

I last saw her alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 8 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Thrombosis	Nov 1 1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Harry S. Kelley M. D.

(Address) 104 W. Madison St

51631 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51631

CERTIFICATE OF DEATH

✓ 240-23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Earl Jones (also known as (38164) Early Jones)

(a) Residence: No. 509 Brune St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) Sept. 5, 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 57

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

13. NAME Ebert Jones (D)

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Sarah Townsend

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Nov 4, 1938

19. UNDERTAKER Mrs Katie R. Williams

Address 322 N Schroeder St.

20. FILED Nov 2 - 1938 Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1938 to October 31, 1938

I last saw him alive on October 31, 1938 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June 1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. M. Curtis M. D.

(Address) Balto. City Hospitals

51632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 438368

F 51632

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen or Marie Godwin

(a) Residence: No. 811 Vine St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unk.

6. DATE OF BIRTH (month, day, year): 1870 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): unk.

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country): unk.

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country): unk.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Nov 3, 38

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Schroeder St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31/38, 19

22. I HEREBY CERTIFY, That I attended deceased from October 25, 19 38 to October 31, 19 38

I last saw her alive on October 31, 19 38. Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-23-38
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical? What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Lautelle M. D.

(Address) Baltimore City Hospitals

51633 E 51633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2348 Kennedy Ave St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lizzie [illegible]

If U. S. Veteran specify WAR

(a) Residence: No. 2348 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sterett H. Polk

6. DATE OF BIRTH (month, day, year) Feb 9 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Thomas Tinselton

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Mahon

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mr Sterett Polk (Address) 2349 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/21, 1938

19. UNDERTAKER Mary M Medefield (Address) 1121 E 22nd St

20. FILED 19 Registrar.

12-1938 Health Dept. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to October 29, 1938

I last saw h[illegible] alive on October 29, 19[illegible]. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Colon	April 38
Malnutrition	Aug 10
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept 1 1938

For what disease or injury? Tuberculosis of bowel

Name of operation Enterostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. D. [illegible] M. D.

(Address) 423 E. North Ave

51631

F 51634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 W. York St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Madalene Hammond

(a) Residence: No. 10 W. York St., Ward. 22

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 1st 1915

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Hammond

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Annie Murry

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Annie Hammond
(Address) 1319 E. Fleeher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary St. Date 11/3/38, 19

19. UNDERTAKER Isaac L Brown & Son
(Address) 108 W Montgomery

20. FILED NOV 3 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/38, 19

22. I HEREBY CERTIFY, That I attended deceased from October 22, 19 38, to October 30, 19 38

I last saw h alive on October 30, 19 38. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/20

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D H Carroll, M. D.

(Address) 109 W Hoffman St

1635 HEALTH DEPARTMENT—CITY OF BALTIMORE # 51635

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 S. Sharp St. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mattie Turner

(a) Residence: No. 828 S. Sharp St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Turner

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Geo. Gunther

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Pollie Macion

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT James Turner

(Address) 828 Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/2/38 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

FILED 19

Nov 2 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. R. Miller M. D.

Coroner

(Address) 3757 W Lex St

636

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 51636

CERTIFICATE OF DEATH

✓ 112

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 S. Chapel St. St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wladyslaw-Or Walter Kruszynski

(a) Residence: No. 533 S. Chapel Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~OR WIFE OF~~ Vera Kruszynski

6. DATE OF BIRTH (month, day, year) June 15th, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boxmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest Product

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Casimir Kruszynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna---?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Vera Kruszynski (Wife)
(Address) 533 South Chapel Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Nov. 4th, 38

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

20. FILED ... Remington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov, 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24th, 1938, to Nov 1, 1938

I last saw h... alive on Nov 1, 1938. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Nov 1, 38
Other contributory causes of importance: Bronchial asthma	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Probably If so, specify Irritation from dust

(Signed) Leo L. Klenke M. D.

(Address) 26 S. Patterson Park Ave.

M. H. R. 1268-9

F 51637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 210-M

CITY OF BALTIMORE: (No. S. B. Gen. Hospital St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Singleton

(a) Residence: No. Ohio Ave., Baltimore Highlands St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth J. Singleton

6. DATE OF BIRTH (month, day, year) Oct. 29, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked on Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME Evans R. Singleton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Christina Norris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elizabeth J. Singleton

(Address) Ohio Ave., Balto. Highlands

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov. 2, 1938

19. UNDERTAKER Edward Storey

(Address) 715 Light St.

20. FILED Nov. 2, 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Oct. 29, 1938, 19

Where did injury occur? George Av. Balto. Highlands (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Walking on George Av. 20 Ft. W. Wash. Bulv Struck by Bus

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

2-1938

51638 Preisler F 51638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No.

CITY OF BALTIMORE: (No. ... St., 20 E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? 33 yrs. 1 mos. ds.

2. FULL NAME Amelia Preisler

(a) Residence: No. 2633 Hafer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): M.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Antonio L. Preisler

6. DATE OF BIRTH (month, day, year) Dec. 13 1873

7. AGE: Years 64; Months 10; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Apulien

FATHER

13. NAME Franz Blumenthal

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Francis E. Preisler
(Address) 2633 Hafer St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11-4-38

19. UNDERTAKER Geo W. Sittle & Son
(Address) 2700 Greenmount Ave

20. FILED Nov. 1938 H. Hill, Registrar
By ... Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1938 to Nov. 1, 1938

I last saw h alive on Nov. 1, 1938 Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Chronic myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) N. P. Friedman, M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51639

639

CERTIFICATE OF DEATH

V 53-B

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1607 Madison Ave St. 14-W Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Brown

(a) Residence: No. 1607 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Brown

6. DATE OF BIRTH (month, day, year) 1/1/85

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pennsylvania

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Russin (Friend)
(Address) 1607 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date Nov 2 1938

19. UNDERTAKER T. G. Kelson
(Address) 1302 Pennsylvania Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1938 to 10/31 1938

I last saw h alive on 10/31 1938 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson Johnson M. D.

(Address) 120 E Fenton Ave

Date of Certificate Nov 2, 1938

NOV 2 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

51640 F 51640

CERTIFICATE OF DEATH

30

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie Greenway (38169)

(a) Residence: No. 230 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall

DATE OF BIRTH (month, day, year) May 20, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME John Foster

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ervinia Pierson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 11-3- 19 38

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Pennsylvania Ave.

20. FILED NOV 2 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1938 to November 1, 1938

I last saw her alive on November 1, 1938 Death is said to have occurred on the date stated above, at 12:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous adhesive pericarditis	Aug 1938?
Other contributory causes of importance:	
Tuberculous nephritis	?
Tuberculous peritonitis	Oct 1938?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

✓ F 51641

HEALTH DEPARTMENT—CITY OF BALTIMORE

51641

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Schroeder St., 18-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 409 Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beard Brown

DATE OF BIRTH (month, day, year) Jan. 6, 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co Maryland

13. NAME William H. Bruce

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co Maryland

15. MAIDEN NAME Fannie Rogers

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co Maryland

17. INFORMANT Hannah Brown Jr

(Address) 409 Schroeder Street

18. BURIAL, CREMATION, OR REMOVAL

Place Upper Marlboro Md. Date Nov. 3 1938

19. UNDERTAKER Joseph R. Lively

(Address) 2003 N. Howard Street

20. FILED Nov 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1938 to Oct 31 1938

I last saw her alive on Oct 31 1938 Death is said to have occurred on the date stated above, at 1.10 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Oct 29 1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Tracey M. D.

(Address) 409 Schroeder St

B-1938

51642 ✓ F 51642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran — specify WAR .....

2. FULL NAME Mr Lakar Carlow

(a) Residence: No. 314 W. Chesapeake Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of ~~WIFE~~ Florence E. Carlow

6b. Mrs Lakar Carlow

7. DATE OF BIRTH (month, day, year) Aug 2, 1882

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year) 10/29/38

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) Pa
(State or country)

13. NAME Mr F L Carlow

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Anna Bortner

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Mrs Florence E Carlow

(Address) 314 W Chesapeake Drive Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Nov 3 1938

19. UNDERTAKER Horace E Burgee

(Address) 3621 Falls Road

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/30/38, 19..., to 10/31/38, 19..., I last saw h... alive on 10/31/38, 19..., Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/..../38
Heart Failure	10/31/38

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Robert C. Crawford M. D.

(Address) Union Memorial Hospital

51643 HEALTH DEPARTMENT—CITY OF BALTIMORE 51643

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 23-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Colston

(a) Residence: No. 105 W. West St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	~~Widow~~ Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 5/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Pharmacy

10. Date deceased last worked at this occupation (month and year) 10-27

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME OF MOTHER Annie Allett

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Annie Ezbelle.
(Address) 105 W. West St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 11/2 1938

19. UNDERTAKER Walter D. Lupp
(Address) 24 W. Lexington St.

20. FILED ..... Registrar.

11-2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1938, to 10-30, 1938

I last saw him alive on 10-30, 1938. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Ascending Colon	?
Intestinal Obstruction	Aug., 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-29-38.

For what disease or injury? Intestinal Obstruction

Name of operation Colostomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

51644 ✓ F 51644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3247 Abell Ave. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Simons

(a) Residence: No. 3247 Abell Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME Helen Simons

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Seech

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Henry Rosenberg

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 11/3/38

19. UNDERTAKER Jack Levy Inc.

(Address) 1439 E. Baltimore

20. FILED Huntington, West Virginia, Nov 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Suicide

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanging in cellar.	11/1/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, ~~homicide~~? Date of injury 11-1, 1938

Where did injury occur? 3247 Abell Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home.

Manner of injury Hanging

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.

Coroner

(Address)

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51645

HEALTH DEPARTMENT—CITY OF BALTIMORE

51645

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-11 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran give WAR

2. FULL NAME Morris Friedman

(a) Residence: No. 3718 Dolfield Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Beulah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Friedman

(Address) 3718 Dolfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date 11/2/38, 19

19. UNDERTAKER Joel S. Levy Inc

(Address) 1439 E. Baltimore St.

Interim Torn Williams, Asst. Registrar.

20. FILED NOV 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-38, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
(Other contributory causes of importance) Uremia	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schuster Coroner, M. D.

(Address) Coroner

51646 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51646

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2111 St. Paul St., 27-3 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph P. Martin

If U. S. Veteran specify WAR .....

(a) Residence: No. 4910 Morello Pl. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ann Martin

7. DATE OF BIRTH (month, day, year) Dec 12-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Cork

13. NAME OF FATHER Michael Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Ellen Reidy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Martin

(Address) 2111 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov 3 1938

19. UNDERTAKER John A. Logan

(Address) 3000 E. Balto St

20. FILED Nov 3 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/ , 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1938 to Nov 1 1938

I last saw him alive on Oct 31 1938. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	

Other contributory causes of importance: myocardosis + Arterio Sclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Carl Smurk M. D.

(Address) 47 E Hamburg St

F 51647

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-F #38040

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Harris

(a) Residence: No. 542 Greenwillow St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

DATE OF BIRTH (month, day, year) 11/3/~~1879~~ 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~55~~ 43 ~~58~~	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Cecil Stewart

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cheltenham, Md. Date Nov 6, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3224 Edmondson Ave

NOV 2 - 1938, 19 Cheltenham, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1938, to 11-1, 1938

I last saw her alive on 11-1, 1938 Death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Carcinoma Head Pancreas	?
Empyema Gall Bladder	?
Other contributory causes of importance: Uremia	2 weeks

Was an operation performed? yes Date of 10/15/38

For what disease or injury? Empyema Gall Bladder

Name of operation Cholecystostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E K Woodward Jr. M. D.

(Address) Balto. City Hosp.

E K W

HEALTH DEPARTMENT—CITY OF BALTIMORE

51648

CERTIFICATE OF DEATH

108 F 51648

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 127 N Fremont St. 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ella Edwards
If U. S. Veteran specify WAR

(a) Residence: No. 127 N Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Edwards.

7. DATE OF BIRTH (month, day, year) 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

13. NAME Saunders

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jennie Dings

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Robert Edwards
(Address) 127 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 11/4/ 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED 11-2-1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1938 to Oct 31, 1938

I last saw her alive on Oct 31 1938 Death is said to have occurred on the date stated above, at 12:30 Am

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Oct 22 1938

Other contributory causes of importance: Arthritis deformans — Date of onset 1927

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) [illegible] M. D.

(Address) [illegible]

51649 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51649

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St. St. 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Morgan

(a) Residence: No. 1200 Valley Street St., since Sept 25, 1929 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Morgan

DATE OF BIRTH (month, day, year) 1848

AGE 90	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Ralph Wade

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Charlotte Brown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Superior of the Poor Little Sisters of the Poor
(Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden Date Nov. 3. 1938

19. UNDERTAKER Peter Wiedefeld
(Address) 914 Greenmount Ave

20. FILED Nov 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st 1938 11:45 a.m. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 - 1938, to Nov 1 - 1938.

I last saw her alive on Nov 1 - 1938. Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/1/38
Other contributory causes of importance: Edema of Lungs	11/1/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

51650 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51650

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Blanche Harkins — If U. S. Veteran specify WAR .....

(a) Residence: No. Street, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cameron Harkins

DATE OF BIRTH (month, day, year) 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsw.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George T. Huff

14. BIRTHPLACE (city or town) (State or country) Street Md.

15. MAIDEN NAME Rebecca Guytar

16. BIRTHPLACE (city or town) (State or country) Fallston Md

17. INFORMANT Cameron Harkins
(Address) Street, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Emory Church Date Nov 5, 1938

19. UNDERTAKER Hubert P. Harkins
(Address) Delta Pa

20. FILED ..... 19..... Registrar.

11-5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1938, to 11-2, 1938

I last saw her alive on 11/2, 1938 Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis C Cholelithiasis	5 yrs.

Other contributory causes of importance:
Bilateral Broncho-pneumonia - about 2 days

Was an operation performed? Yes Date of 10-28-38

For what disease or injury? Acute Cholecystitis

Name of operation Cholecystotomy

What test confirmed diagnosis? Just Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maryland General Hospital, M. D.

(Address) Hospital - Balto., Md.

51651 F 51651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4600 Roland Ave St. 21-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna E Harrop

(a) Residence: No. 4600 Roland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) July 28 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Manchester England

13. NAME Thomas Harrop

14. BIRTHPLACE (city or town) (State or country) Manchester England

15. MAIDEN NAME Theresa Fligan

16. BIRTHPLACE (city or town) (State or country) Dublin Ireland

17. INFORMANT Theresa Harrop Lile

(Address) 4600 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place ST MARY'S-HAMPTON Date 11/3/ 1938

19. UNDERTAKER MARY M. WIEDEFELD

(Address) 501 E 22nd St

20. FILED NOV 2 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to Oct 31 1938

I last saw him alive on Oct 31 1938 Death is said to have occurred on the date stated above, at 10-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arterio-sclerotic Heart Disease	2 yrs
Coronary Occlusion	10/31/38
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm J Hagen Porter M. D.

(Address) 4722 Roland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51652

CERTIFICATE OF DEATH

46-D OGK--36838 F 51652

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Arcilesi

(a) Residence: No. 912 E. Eager St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha

DATE OF BIRTH (month, day, year) 2-14-1894 ? 10-14-1893 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44 ? 45 ?	45 ?	8 0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Carmello Arcilesi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Canaria

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov. 4 1938

19. UNDERTAKER Frank Della Vacca

(Address) 52 N. Motley St.

20. FILED NOV 2 - 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/8 1938 to 11/1 1938

I last saw him alive on 10/31 1938 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum with metastasis ?	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51653

CERTIFICATE OF DEATH

46 F 51653

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Bay View St., 18-2 Ward)
Registered No. 187
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
U.S. Veteran
Specify WAR

2. FULL NAME Jane Fountain
(a) Residence: No. 1007 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Junction R.R. Co. Md.
13. NAME Daniel Fountain
14. BIRTHPLACE (city or town) (State or country) Junction R.R. Co. Md.
15. MAIDEN NAME Elizabeth Arthur
16. BIRTHPLACE (city or town) (State or country) Junction R.R. Co. Md.
17. INFORMANT Joseph Fountain
(Address) Junction R.R. Co. Md.
18. BURIAL, CREMATION, OR REMOVAL
Place Franklin Cem Date 11 5 1938
19. UNDERTAKER E. H. Barker
(Address) 47 N. Arlington St.

NOV 2 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1938
22. I HEREBY CERTIFY, That I last saw the deceased alive on Inquiry and that I last saw her alive on Inquiry. That said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma descending Colon Intestinal Obstruction	4 Months
(Other) contributory causes of importance: Tumor of brain Coma	Some time

Was an operation performed? Yes Date of Oct. 3 - 1938
For what disease or injury? Intestinal Obstruction
Name of operation Laparotomy Date of Oct 31 1938
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51651

CERTIFICATE OF DEATH

1167

F 51654

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR)

2. FULL NAME Emory Holmes

(a) Residence: No. 2142 Druid Hill Park St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE~~: Chloe Holmes

6. DATE OF BIRTH (month, day, year): Nov 6-1880

7. AGE: Years 57; Months 11; Days 25; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Self

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Jacob Holmes

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Anne Gladefelter

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss Daisy Holmes

(Address) 2142 Woodbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cemetery Date Nov 3 1938

19. UNDERTAKER: Williams Cook

(Address) 1217 St Paul Street

NOV 2 - 1938

Medical Examiner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

his and that said deceased came (Inquest, Autopsy or Inquiry)

death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide by shooting from revolver — Date of onset 11/1/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, ~~homicide~~? Suicide Date of injury Nov 1, 1938

Where did injury occur? 2142 Druid Park Drive (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Shooting in head by revolver

Nature of injury Cerebral hemorrhage

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Evans, M. D. Coroner

(Address) Corner

HEALTH DEPARTMENT—CITY OF BALTIMORE

51655

CERTIFICATE OF DEATH

93 F 51655

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Hazlett St. 25-1 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Listman

(a) Residence: No. 407 Hazlett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U.S. Veteran (specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Listman

6. DATE OF BIRTH (month, day, year) Feb. 16 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adam Frayer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Gret

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Wobl macher
(Address) 407 Hazlett Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Nov 5 38

19. UNDERTAKER Wreaam Cook
(Address) 1217 St Paul Street

20. FILED NOV 2 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Degeneration Myocarditis	"
Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hanna M. D.
Coroner

(Address) 1822 W Baltimore St

S 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

51656

CERTIFICATE OF DEATH

46-F F 51656

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 652 E 35th St. 9-3 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify Wars Indian Wars

2. FULL NAME Augustus Parr

(a) Residence: No. 652 E. 35th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of ~~not WIFE of~~ Rosalie Stevens Parr

6. DATE OF BIRTH (month, day, year) July 28th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Wks

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Jersey City N. J.

13. NAME Augustus Parr

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rebecca Walker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rosalie S. Parr

(Address) 652 E. 35th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 3rd 1938

19. UNDERTAKER Wm Arot

(Address) 1217 St. Paul St

Huntington Williams Mgr.

NOV 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1938 to November 1, 1938.

I last saw him alive on November 1, 1938. Death is said to have occurred on the date stated above, 2-40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1937

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury? -----

Name of operation -----

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Geo Morgenroth M. D.

(Address) 101 E. 25th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51657

CERTIFICATE OF DEATH

131 F 51657

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St., 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 57 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Charles Werner

If U. S. Veteran specify WAR .....

(a) Residence: No. 4200 Parkwood Ave, St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Werner

6. DATE OF BIRTH (month, day, year) Nov. 4, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11	29.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saint Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME John Werner

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Theresa Belohlavek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Vincent Sevcik

(Address) 4200 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 5 1938

19. UNDERTAKER Frank Krach Son

(Address) 1906 Ashland ave

NOV 2 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-31-1938 to 11-2-1938

I last saw him alive on 11-1-1938 Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
(Cardio-vascular-renal disease)	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles V. Sevcik M. D.

(Address) St. Agnes' Hosp. (Baltimore)

358

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 51658

CERTIFICATE OF DEATH

J 46-E

1. PLACE OF DEATH South Balto Gen'l Hospital

CITY OF BALTIMORE: (No. ..... St. 24 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Margaret Sauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1300 Beason St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frederick Sauer

7. DATE OF BIRTH (month, day, year) Nov 7th 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME John Henrich

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

15. MAIDEN NAME Laura Knoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Sauer

(Address) 1300 Beason St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 5th 38

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 3 1938 Livingston Millard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1938, to Nov 2, 1938.

I last saw her alive on Nov. 2, 1938. Death is said to have occurred on the date stated above, at 8.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder with metastasis to liver	
Other contributory causes of importance:	

Was an operation performed? yes Date of Oct. 26-'38

For what disease or injury? Exploratory Cholecystitis?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Isaac Keller M. D.

(Address) 1220 St Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE 51659

CERTIFICATE OF DEATH

59 ✓ 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Brentwood Ave. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME EMMA J. HUNTER

(a) Residence: No. 1214 Brentwood Ave. St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of James Hunter

6. DATE OF BIRTH (month, day, year) March 17, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
82	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ___ | 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Emanuel Shefter

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Pfotholzen

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Ruth Heinz
(Address) 1806 E. Lord St.

18. BURIAL, CREMATION, OR REMOVAL
Place Chestnut Hill Glen Rock Pa Date Nov 3 1938

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

FILED NOV 3 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1938, to Oct 31, 1938.

I last saw her alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct. 29
senile dementia	Oct. 19
arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify

(Signed) Samuel Shefter M. D.

(Address) 714 E. Preston St

660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51660

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ... St. ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. William Wade

If U. S. Veteran specify WAR ...

(a) Residence: No. 2226 Washington Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wade

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Wade

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Swe

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Elizabeth Wade 2226 Wash. Blvd.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/5/38

UNDERTAKER (Address) Edward Loulan 2359 Wash. Blvd

FILED ... 19 ... Registrar.

– 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21st 1938 to Nov 1st 1938

I last saw him alive on Nov. 1st 1938 Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	July 1938
Other contributory causes of importance: Cerebral Vascular Accident Left Hemiplegia	Oct 21-38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Joseph E Muse Jr. M. D.

(Address) St Agnes Hospital

F 51661

661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospitals St., 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph G. Wellner

U.S. Veteran (specify WAR)

(a) Residence: No. 1105 Gorsuch Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Tillie Wellner

7. DATE OF BIRTH (month, day, year) Nov. 15, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Christopher Wellner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Manau S. Mordew

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Guy Wellner

(Address) 1105 Gorsuch Av.

18. BURIAL, CREMATION, OR REMOVAL Place Date 19

19. UNDERTAKER (Address)

20. FILED NOV 3 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence detailed by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub Dura Hematoma	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Aug. 31, 1938 19

Where did injury occur? York Rd. Timonium (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Walking on Road Struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. R. Schellen M. D.

Coroner

(Address) 3757 Ivanhoe

F 51662

51662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Normandy St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter N. Nicholson

If U. S. Veteran specify WAR

(a) Residence: No. 401 Normandy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Stampos Nicholson

DATE OF BIRTH (month, day, year) Oct 20 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME

14. BIRTHPLACE (city or town) (State or country) Thadyeas Pachulan Greece

15. MAIDEN NAME Rothrum

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Amelia Nicholson

(Address) 42 Normandy

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Nov. 3 1938

19. UNDERTAKER J. Francis Reese

(Address) Reisterstown, Md.

Nov 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

thereby, and from Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) P. Hanna M. D.

(Address) 18 N. Howard St. Coroner

51663 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51663

#38042

CERTIFICATE OF DEATH

✓ 94-3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hospitals St., 17-2nd Ward)

ngth of residence in city or town where death occurred 50 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME William Flamer

(a) Residence: No. 509 N. Hoffman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie

DATE OF BIRTH (month, day, year) 10/3/1874 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64 ?	64	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Alec Flamer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/4 19 38

UNDERTAKER Charles H. Klopfer & Co.
(Address) 1223 N. Caroline St.

FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/38 19

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1938 to 11-1 1938

I last saw him alive on 11-1 1938 Death is said to have occurred on the date stated above, at 8 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectal Fistulae	?
Coronary Thrombosis	11-1
Other contributory causes of importance:	

Was an operation performed? yes Date of 11-1-38

For what disease or injury? Rectal Fistulae

Name of operation Excision Rectal Fistulae

What test confirmed diagnosis Surgery Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Woodward Jr. M. D.

(Address) Balto City Hosp

-1938

F 51664

1664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Jefferson St., 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elsie Asbury

(a) Residence: No. 1313 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Kelly Asbury

DATE OF BIRTH (month, day, year): Jan 25-1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Sturgeon Va

13. NAME OF FATHER: Charles Asbury

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: Jessie Moore

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Bernard Cullinane 1313 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL: Place Irvington Va. Date Nov 3 1938

19. UNDERTAKER (Address): Joseph J. Lake, Jr. 1312 Jefferson St

20. FILED: 11-2-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy — Date of onset: Nov 2 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 507 Mosquito St

F 51665

51665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N Bend St. 6-5 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Waddy Brewington

(a) Residence: No. 403 N. Bend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) ? 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Sadie Williams
(Address) 730 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Nov. 3 1938

19. UNDERTAKER Robert H. Young
(Address) 1004 W. Caroline St

FILED 3-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence ... (Inquest, Autopsy or Inquiry) ... that said deceased came ... (Inquest, Autopsy or Inquiry) ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Cerebral Apoplexy	Oct 30 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen M. D.
Coroner

(Address) 20 Pennsylvania Ave

5331366 HEALTH DEPARTMENT—CITY OF BALTIMORE B 51666

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Kelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1622 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

DATE OF BIRTH (month, day, year) 12-1-77

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME John Thompson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Thompson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Nov. 3 1938

19. UNDERTAKER Robert H. Young
(Address) 804 W. Caroline St.

20. FILED ..... 19 .....
Registrar.

11-3-1938 Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938 to Oct 29, 1938

I last saw him alive on Oct 29, 1938 Death is said to have occurred on the date stated above, at 2.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Sigmoid Rectum	
Obstruction	
Other contributory causes of importance: Diabetes	

Was an operation performed? Yes Date of 10-22-38

For what disease or injury? Ca Sigmoid Rectum

Name of operation Colostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Oscar Russell, M. D.

(Address) JOHNS HOPKINS HOSPITAL

HEALTH DEPARTMENT—CITY OF BALTIMORE

51667

CERTIFICATE OF DEATH

51667

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 8-7 Ward)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME Melvin Alexander Dey

If U. S. Veteran specify WAR WW

(a) Residence: No. 1439 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McGinnity

6. DATE OF BIRTH (month, day, year) July 10, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	3	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Judson Dey

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Mary Kinnear

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL 11/5/38
Place Baltimore Cem. Date 19

19. UNDERTAKER [illegible]
(Address) [illegible]

NOV 3 - 1938 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938, 19..., to November 2, 19 38

I last saw him alive on November 2, 19 38 Death is said to have occurred on the date stated above, at 11:30 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	Unknown
Other contributory causes of importance: Pneumonia, hypostatic	3 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert R Smith M. D.

(Address) U.S. Marine Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51668

CERTIFICATE OF DEATH

51668

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Avenue St. 27-14 Ward) 46-B

Length of residence in city or town where death occurred Lifetime mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME MARY E. KENNEDY

(a) Residence: No. 4301 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Jan. 7, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael A. Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rosana Espey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Katherine Kennedy
(Address) 706 Mt. Holly Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 4 1938

19. UNDERTAKER Chas. F. Sauer & Son Inc
(Address) 118 W. Mt. Royal Ave

20. FILED 3-1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from JUNE 3rd, 1938, to NOVEMBER 1st, 1938.

I last saw her alive on Nov. 1st, 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF STOMACH	
Other contributory causes of importance:	
ENLARGED LIVER	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Shearn, M. D.

(Address) 3501 N Charles St

F 51669

669) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1826 cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 38 S. Bond St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Luke Ragan

U.S. Veteran specify WAR

(a) Residence: No. 38 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5-1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Luke Ragland

14. BIRTHPLACE (city or town) (State or country) U.S.

15. MAIDEN NAME Blanche Edmonds

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Blanche Edmonds Mother

(Address) 38 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Nov. 3rd 38

19. UNDERTAKER Robert E. Williams

(Address) 1515 McElderry St.

20. FILED 19 Registrar

Nov 3 - 1938 Washington Heights, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest or Inquiry) thereon and from the evidence (Coroner's Autopsy or Inquiry) and that said deceased came to said death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia bed covering being accidently over face.	Nov. 3, 38
Malnutrition	6 mos.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 3, 1938

Where did injury occur? 38 S. Bond St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Bed covering over face.

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. W. Wood M. D. (Coroner)

(Address) 1712 E. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51670

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 507 Chapel Gate Lane St., 28-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert L. Hancock

(a) Residence: No. 507 Chapel Gate Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M. Hancock

6. DATE OF BIRTH (month, day, year) April 17, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	14 4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Auditor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Par-mutual system

10. Date deceased last worked at this occupation (month and year) October 1938

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Albert Robinson Hancock

14. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

15. MAIDEN NAME Mary A. Sutliff

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Edith Hancock

(Address) 507 Chapel Gate Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov. 3 1938

19. UNDERTAKER H. Amoreda

(Address) 1405 E. Baltimore St.

Nov 3 1938 Huntington Williams, M.D. Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938 to Oct 31, 1938

I last saw him alive on Oct 31, 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	10/26/38
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Crampton M. D.

(Address) Ten Hills

71

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51671

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3521 Roland Ave St. 43-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah E George

(a) Residence: No. 3521 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of - John E George.

DATE OF BIRTH (month, day, year) Feb 28 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

13. NAME OF FATHER Aquila Fishpaw

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Elizabeth Owens

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John E George

(Address) 3521 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 4 1938

19. UNDERTAKER Greenlief Neely

(Address) 214 E 36th St

20. FILED Nov 4 1938

Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937 to Nov 1 1938

I last saw her alive on Oct 31 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) [illegible] M. D.

(Address) 1020 N. Charles

3-1938

F51672 ✓ F51672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 2 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Chase

(a) Residence: No. 1723 E Pratt St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Chase

DATE OF BIRTH (month, day, year) June.18.1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Md

13. NAME Martin Engelhardt

14. BIRTHPLACE (city or town) (State or country) Balto.Md

15. MAIDEN NAME Celia Yeager

16. BIRTHPLACE (city or town) (State or country) Balto.Md

17. INFORMANT Frank Chase
(Address) 1723 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date Nov.4.1938 19

19. UNDERTAKER Martin W E Dippel
(Address) 37 S Ann St

20. FILED Nov.3.1938 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
detailed by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbolic Acid Poisoning	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11, 1, 1938

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed Lysol

Nature of injury Home 1723 E. Pratt St.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

M. D. Signed Paul Schenke Coroner M. D.

(Address) Cor

51673 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51673

CERTIFICATE OF DEATH 108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 Baker St., 167 Ward)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John C. Cavano. If U. S. Veteran specify WAR

(a) Residence No. 2923 Baker St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma L. Cavano.

DATE OF BIRTH (month, day, year) June 10 1857

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming Own $300.

10. Date deceased last worked at this occupation (month and year) Dec. 1926

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Leo Cavano

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Sophia Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Leo Cavano (Address) 2923 Baker St.

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Date 11/5/38

19. UNDERTAKER (Address) Geo. M. Shaw & Son Reisterstown Md.

20. FILED 11-3-1938 Huntington Williams, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22 – 1938 to Nov. 2, 1938

I last saw h.. alive on Nov. 2, 1938 Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1936
Chr. Interstitial Nephritis	1936
Other contributory causes of importance: Lobar Pneumonia	Nov. 1-38

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis: Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Power Browne. M. D.

(Address) 1663 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51674

CERTIFICATE OF DEATH

117-4 F 51674

PLACE OF DEATH St Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens and Fulton St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Jesse Albert Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 2104 Ramsey St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Melvine Schmidt

DATE OF BIRTH (month, day, year) Dec 15 1910

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	10	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Jesse A. Schmidt

13. BIRTHPLACE (city or town) (State or country) Maryland

14. MAIDEN NAME Alice J. Carey

15. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Mrs. Melvine Schmidt 2104 Ramsey

BURIAL, CREMATION, OR REMOVAL (Date) Pudor Park 11/4/38

UNDERTAKER (Address) Jesse A. Fridley Fulton & Fayette

FILED 11-3-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1938, to November 1, 1938.

I last saw him alive on November 1, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Perforated Gastric Ulcer — Date of onset 10/19/38

Peritonitis

Other contributory causes of importance:

Was an operation performed? Yes. Date of 10/26/38

For what disease or injury? Perforated Gastric Ulcer

Name of operation Laparotomy:- Closure of perforation

What test confirmed diagnosis? Gastric Juice. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Daniel Leo Wehner, M. D.

(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51675

CERTIFICATE OF DEATH 37993 (MB) 50 F 51675

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Louise Thompson

(a) Residence: No. 1201 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of James Thompson

DATE OF BIRTH (month, day, year) 10-19-1903

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Allen Thompson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ella Sims

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Dulaney-Westminster Date Nov. 5 1938

UNDERTAKER Mrs. Francis A. Hemsley
(Address) 515 N. Dukeland St.

FILED 11-13-1938 Lington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1938 to 11-2, 1938

I last saw h alive on 11-1, 1938 Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Right Breast with metastasis	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) L. F. Woodward M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51676

CERTIFICATE OF DEATH

92-T 51676

Registered No.

PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.) St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR WW

FULL NAME Frank Reidy

(a) Residence: No. 2210 Christian St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Evans

DATE OF BIRTH (month, day, year) May 12, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Michael Reidy

14. BIRTHPLACE (city or town) (State or country) Chicago Illinois

15. MAIDEN NAME Mellie Foster

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL

Place Balto. National Cem. Nov. 7 1938

UNDERTAKER A. Howard Evans

(Address) 1400-06 S. Charles St.

FILED 11-3-1938 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24 1938 to November 3, 1938

I last saw h im alive on November 3, 1938 Death is said to have occurred on the date stated above, at 3:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular,	
mitral stenosis, rheumatic	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. L. Bryant M. D.

(Address) U.S. Marine Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

51677

CERTIFICATE OF DEATH

131 F 51677

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 E Chase St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Josephine McHale

If U. S. Veteran specify WAR

(a) Residence: No. 617 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Martin J. McHale

DATE OF BIRTH (month, day, year) 3/16/65

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	March		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME of Father Thomas Hoban

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME of Mother Mary Hannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Martin J. McHale 716 E Chase St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Nov. 7 1938

19. UNDERTAKER (Address) Martin J. Logue 1102 Forest St

NOV 3-1938 Huntington Williams, Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to Nov 3, 1938

I last saw her alive on Nov. 2, 1938. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	11/2
myocardial degeneration	7
arteriosclerosis	?
hypertension	5
Other contributory causes of importance: Chronic nephritis	7

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel W. Lipsitz M. D.

(Address) 714 E. Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51678

V 108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Guilford Ave 12-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Katie Cameron

(a) Residence: No. 2111 Guilford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Dwight F. Cameron

DATE OF BIRTH (month, day, year) April 2nd 1853

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	7	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Yeager

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Marsh

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John M. Galt

(Address) 2111 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 5th 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED NOV 4 - 1938

Huntington Williams, Nyc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1938, to Nov 3, 1938

I last saw her alive on Nov 3, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 30
Other contributory causes of importance:	
Senile arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. E. King M. D.

(Address) 715 Fairmount Ave

(1679) HEALTH DEPARTMENT—CITY OF BALTIMORE F 51679

CERTIFICATE OF DEATH √ 131

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1617 Ellamont St. 16-7 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Julius C. Schmidt

(a) Residence: No. 1617 Ellamont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

DATE OF BIRTH (month, day, year) June 2nd 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Bros

8. Date deceased last worked at this occupation (month and year) 9/15 | 11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Julius Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Sundlach

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mildred Schmidt

(Address) 1617 Ellamont St.

BURIAL, CREMATION, OR REMOVAL

Place Forest Hill Date Nov 5-th 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

NOV 4 - 1938 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-, 1938

22. I HEREBY CERTIFY, That I Attended deceased from Sept 5, 1931, to Nov 3, 1938

I last saw him alive on Nov 3, 1938 Death is said to have occurred on the date stated above, at 7:15 a. m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease — Date of onset

Other contributory causes of importance:

Uraemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Klunck, M. D.

(Address) 4710 Liberty Hts

F 51680

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51680

CERTIFICATE OF DEATH

94-B

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1725 Byrd St. 24-4 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran, specify WAR .....

FULL NAME Joseph H Lurken

(a) Residence: No. 1725 Byrd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine B Lurken

DATE OF BIRTH (month, day, year) Dec 20 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	10	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & Ohio R.R. Co.

8. Date deceased last worked at this occupation (month and year) Oct 18 1938

11. Total time (years) spent in this occupation 37

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME OF FATHER James H Lurken

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Katherine Schumm

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT (Address) Katherine Lurken 1725 Byrd St

BURIAL, CREMATION, OR REMOVAL Date Nov 5th 1938

Place Cedar Hill

UNDERTAKER (Address) Wm Cook 1211 E Fayette St

Huntington Williams, Undertaker

FILED NOV 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1938 to Nov 2 1938

I last saw him alive on Nov 2 1938 Death is said to have occurred on the date stated above, at 12:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 20 1938
Other contributory causes of importance: Hypertension	June 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Exam Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Keller, M. D.

(Address) 122 E. Chase St

51681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51681

CERTIFICATE OF DEATH

✓ 82-W

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Union Memorial Hospital 11-1 Ward)

gth of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mrs. Nicholas Mattie Matthews (Bessie)

(a) Residence: No. 1203 St Paul St., Ward. Balt.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Nicholas Mattie Matthew

DATE OF BIRTH (month, day, year) 3/20/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Montgomery Alabama

18. NAME Wm. P. Vandiveer

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Ellen Blackshear

16. BIRTHPLACE (city or town) (State or country) Alabama.

INFORMANT Daughter Mrs R.M. Favre

(Address) 220-14th St Atlanta Ga

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov 4th 1938

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

NOV 4 - 1938 ..... 19 ..... Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1938, to 11/2, 1938

I last saw h.. alive on 11/2, 1938. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10/26
Other contributory causes of importance: Cardiovascular Collapse	

Was an operation performed? Yes Date of 10/31/38

For what disease or injury? Cerebral hemorrhage.

Name of operation Bilateral craniotomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank M Weaver, M. D.

(Address) Union Memorial Hospital

682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 3 38347-38 E 51682

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Baltimore City Hospitals

TY OF BALTIMORE: (No. St. 20-3 Ward)

gth of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Effie Shelton

If U. S. Veteran specify WAR

(a) Residence: No. 2114 Wilkens Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas. E. Shelton

ATE OF BIRTH (month, day, year) 1-20-1876

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	62	9	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At House
8. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation 35

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Unknown Richard Swann

14. BIRTHPLACE (city or town) West Va. Md
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) West Va. Md
(State or country)

INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 7th 1938

UNDERTAKER Wm Cook
(Address) 217 E. Pratt St

FILED 19 Registrar.

NOV 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1938

22. I HEREBY CERTIFY, That I attendd deceased from October 24, 1938 to November 3, 1938

I last saw her alive on November 3, 1938 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhus fever	10-18-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

GHG

F 51683

1683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

PLACE OF DEATH Home

Registered No. 1572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3722 Towson ave. St. 26-10 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Fannie M. Keller

(a) Residence: No. 3722 Towson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Keller

DATE OF BIRTH (month, day, year) March 2-1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 28 1938

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jno. A. Mayer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mollie Bowen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mr. Nicholas N. Keller husband

(Address) 3722 Towson Ave.

BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Nov 4 38

UNDERTAKER Philip Herwig Sons.

(Address) 2116 Orleans st.

Huntington Williams, Nyt

FILED Registrar.

-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) died that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2 days
Other contributory causes of importance:	
Valvular heart disease	5 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Gay St.

1684 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 51684

CERTIFICATE OF DEATH

V 11-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 9-3 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME James Burke

(a) Residence: No. 640 East 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Mary Boland~~

DATE OF BIRTH (month, day, year) 12/29/1938

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		8	13/14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Actor~~ Actor

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father James Burke

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME of Mother Mary Boland

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr Jas. Burke
(Address) 640 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral 11/5/38

19. UNDERTAKER John J Lowan & Son
(Address) 901 Stollings St

Date 11-4-1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1938, to November 3, 1938.

I last saw him alive on November 3, 1938. Death is said to have occurred on the date stated above, at 5:34 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza pneumonia	10/31/38
Embolism	
Other contributory causes of importance: Otitis media	10/20/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Josiah M. George Jr. M. D.

(Address) University Hospital

85 HEALTH DEPARTMENT—CITY OF BALTIMORE 51685

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1012-N. Dallas Street St., 7-4 Ward)

th of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Winnie Winter

If U. S. Veteran specify WAR no

(a) Residence: No. 1012-N. Dallas Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widowed

f married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Winter

ATE OF BIRTH (month, day, year) 6/28/1870

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME ? Schafer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Anna Gunther
(Address) 1317-N. Montford Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/3/38

UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1926 to Nov 1, 1938.

I last saw her alive on Nov. 1, 1938 Death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Sudden — 2 hr

Other contributory causes of importance:

Hypertensive Cardio-Vascular Disease — 2 yr

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph S. Blum, M. D.

(Address) 120 E. Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

686

F 51686

CERTIFICATE OF DEATH

8-5 — 94-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1828 N. Chester St. St. 8-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Charles Wetz

(a) Residence: No. 1828 N. Chester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of May Wetz

DATE OF BIRTH (month, day, year) Nov. 13, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector for the

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jacob Wetz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. May Wetz

(Address) 1828 N. Chester St.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Nov. 5 1938

UNDERTAKER Geo. H. Zepp

(Address) 1737 E. Eager St.

FILED 19

Registrar.

NOV 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 23 1938 to November 2, 1938.

I last saw h[illegible] alive on November 2 1938. Death is said to have occurred on the date stated above, at 11.22 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1 Week Prior.
Other contributory causes of importance: Coronary Artery Occlusion.	11 Days Prior

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, when?

(Signed) Albert Rosenberg M. D.

(Address) 2025 E. North Ave.

1687

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51687

CERTIFICATE OF DEATH

√ 50

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) 2912 Rueckert Ave. St. 27-3 Ward)

th of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Lily A. Humberg

(a) Residence: No. 2912 Rueckert Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick C. Humberg

ATE OF BIRTH (month, day, year) August 19, 1879

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England

NAME Frederick Halberstadt

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Morgenthal

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Frederick Humberg

(Address) 2912 Rueckert Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov. 4 19 38

UNDERTAKER Geo. W. Zirkler

(Address) 1737 E. Eager St.

FILED NOV 4 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 19 38.

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 19 38 to Nov 1 19 38

I last saw h[e]r alive on Nov 1 19 38 Death is said to have occurred on the date stated above, at 10.45 A. M. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of rt. breast - ulcerated - spread to glands, etc	Aug-1935
Other contributory causes of importance: chronic nephritis	March/32

Was an operation performed? yes Date of March 1932

For what disease or injury? C.A. of Rt. Breast

Name of operation Removal of Breast, etc.

What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis F. Krumeich M. D.

(Address) 722 N. Howard St.

1688 HEALTH DEPARTMENT—CITY OF BALTIMORE 51688

CERTIFICATE OF DEATH

93-c

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 703 S. Curley St., 1-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mon. ....da.

FULL NAME Gustie Boracki or Boracka

If U. S. Veteran specify WAR .....

(a) Residence: No. 703 S. Curley St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Jacob Boracki

DATE OF BIRTH (month, day, year) Nov 15, 1870

AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
67	11	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Ziolkowski

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT John Boracki (Son)

(Address) 1100 S. Linwood

BURIAL, CREMATION, OR REMOVAL Woodlawn Nov 7, 1938

Place Stanislaus Cemetery

UNDERTAKER Stanley J. Ziolkowski Jr.

(Address) 1000 S. Linwood Ave

FILED ....., 19.... Registrar .....

Huntington Williams, M.D.

4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938, to 11-4-, 1938

I last saw her alive on Nov 3, 1938. Death is said to have occurred on the date stated above, at 4:05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Bronchopneumonia	Oct 31 '38
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ellis Schwartzmark, M. D.

(Address) 842 S. Grand Ave

89
53493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51689

CERTIFICATE OF DEATH V 131

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Emma A Barry

(a) Residence: No. 4723 3rd St n.W St., ... Ward. Washington D C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank

DATE OF BIRTH (month, day, year): 3-6-76

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Wash. D.C.

13. NAME: Wm Shadd

14. BIRTHPLACE (city or town) (State or country): Wash D C

15. MAIDEN NAME: Mary Golding

16. BIRTHPLACE (city or town) (State or country): N.Y.

INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Washington, DC Date Nov 7/38

UNDERTAKER Stuart Brannan Company

(Address) 108 E North Ave.

4-1938 Huntington Williams, Regr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1938, to Nov 4, 1938

I last saw her alive on Nov 4, 1938. Death is said to have occurred on the date stated above, at 7 21 A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset: Oct 7, 1938

Renal insufficiency due to
Chronic nephritis.
Arteriosclerotic Heart disease

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify ...

(Signed) Barbara J. Baty M. D.

(Address) Johns Hopkins Hospital

Joseph Fisher ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

1690

690

CERTIFICATE OF DEATH

107-a

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 4005 Roodes Ave St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Joseph I. Fisher

(a) Residence: No. 4005 Roodes Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

f married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Fisher

ATE OF BIRTH (month, day, year) Oct 16 1867

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	X	14	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal worker

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084

. Date deceased last worked at this occupation (month and year) 10 yrs | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore Md
(State or country)

3. NAME Charles I Fisher Md

4. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Catherine J Reinhold

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Charles I Fisher
(Address) 5010 E Pratt St

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov 5 1938

UNDERTAKER J. John Ulrich
(Address) 2008 Orleans

FILED , 19 Registrar

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1938, to Nov 2, 1938

I last saw h alive on Nov 2, 1938. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	10-31
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Huntington Williams M. D.

(Address) 2407 McCulloh St.

- 1938

691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51691

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp. St. 26-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Robert Horton Burgan

If U. S. Veteran specify WAR .....

(a) Residence: No. 3243 E. Baltimore St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daisy Belle Burgan

7. DATE OF BIRTH (month, day, year) Apr. 17, 1876

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	15	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

11. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME OF FATHER ? Burgan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME OF MOTHER ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Daisy B Burgan 3243 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Nov 5 1938

19. UNDERTAKER (Address) John Ulrich 2008 Orleans St

20. FILED ... 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1938, to 11-1, 1938

I last saw him alive on 11-1, 1938. Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cerebral accident.	one
Bronchial Asthma	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Lisansky, M. D.

(Address) Mercy Hospital.

F 51692

51692 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 502 N. STREEPER ST. St. 7-1 Ward)

th of residence in city or town where death occurred LIFE mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME STONEWALL J. D. SCOTT

(a) Residence: No. 502 N. STREEPER ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ALE	WHITE	MARRIED

married, widowed, or divorced
HUSBAND of (or) WIFE of ELIZABETH SCOTT

TE OF BIRTH (month, day, year) APRIL 9-1863

E	Years	Months	Days	If LESS than 1 day.....hrs. or ..... min.
	75	6	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER AT
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COPPER WORK
9. Date deceased last worked at this occupation (month and year) 10. Total time (years) spent in this occupation

10

BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

12. NAME LOUIS SCOTT

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME REBECA MCCLUMPH

16. BIRTHPLACE (city or town) (State or country) LIVERPOOL ENGLAND

NFORMANT ELIZABETH SCOTT (WIFE)
(Address) 502 N. STREEPER ST.

RIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 5 193

NDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST.

ILED Nov 5 1938 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 2 . 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	4 years
Uremia	
Other contributory causes of importance	
Paralysis Kidney & Bladder	1 mo.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

33
5294S

HEALTH DEPARTMENT—CITY OF BALTIMORE

51693

CERTIFICATE OF DEATH

79-a

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(Length of residence in city or town where death occurred) yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Myrtle M Braywood

If U. S. Veteran specify WAR

(a) Residence: No. 125 Booth St., Ward. Elkton Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-13-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
/	16½	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Braywood

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nora Brown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Elkton, Md Date Nov 5 1938

UNDERTAKER Joseph R. Faust

(Address) N 8th East Md

FILED 4-1938 Huntington Millwood, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1938 to Nov 3, 1938

I last saw h alive on Nov 3, 1938 Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
EXSTROPHY of BLADDER	BIRTH
Other contributory causes of importance: PNEUMOCOCCUS MENINGITIS	10-30-38

Was an operation performed? Yes Date of 10-29-38

For what disease or injury? EXSTROPHY of BLADDER

Name of operation IMPLANTATION URETERS INTO RECTUM

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Block M. D.

(Address) 511 Cathedral St.

J. H. H.

Iardella

694 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51694

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St Joseph Hosp (St.) 8-3 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Maude E Iardella

(a) Residence: No. 1200 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm L Iardella

DATE OF BIRTH (month, day, year) 10-13-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46		19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ut Stone

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt Md

12. NAME Joseph Iannaillo

13. BIRTHPLACE (city or town) (State or country) Balt Md

14. MAIDEN NAME Maria Lewis

15. BIRTHPLACE (city or town) (State or country) Balt Md

16. INFORMANT Wm Iardella

(Address) 3932 Keeley st

BURIAL, CREMATION, OR REMOVAL

Place Monument Date 11-6-38 19

UNDERTAKER Leonard J Roth

(Address) 5005 Harford Rd

Filed 11-7 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-29-38 to 11-2-38

I last saw her alive on 11-2-38 Death is said to have occurred on the date stated above, at 4:50 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia toxemia	?
Chr. Nephritis (Glomer.)	
Hypertensive Arteriosclerotic	
C-V disease C.P.C.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turpin M. D.

(Address) St. Joseph Hosp

1695

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51695

CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 W Calvert St. St., 9-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Madeline R Smith

(a) Residence: No. 2920 Independence St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Smith

6. DATE OF BIRTH (month, day, year) May 1-1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
66	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John F Miller

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Annie Huebner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Annie Harrell
(Address) 2920 Independence St.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Nov. 4-38 19

UNDERTAKER John F. Miller
(Address) 2339 Pulaski St.

FILED 4-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Nov 2, 1938

I last saw her alive on Nov 2, 1938 Death is said to have occurred on the date stated above, at 1010 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilated Heart : Valvular Insufficiency	10 yrs
Other contributory causes of importance: Acute Indigestion	Oct 31 38

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Inspection Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm. Grant M. D.

(Address) 812 E Lanvale St

312

F 51696

51696

HEALTH DEPARTMENT—CITY OF BALTIMORE

#38580

82-a SF

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospitals St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME George Loos

(a) Residence: No. 1733 E. Bond St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

married, widowed, or divorced BUSBAND of (or) WIFE of Frances M

TE OF BIRTH (month, day, year) 10/16/1878

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	0	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto., Md.

3. NAME Lawrance Wm. Loos

4. BIRTHPLACE (city or town) (State or country) Md.

5. MAIDEN NAME Margaret Gommering

6. BIRTHPLACE (city or town) (State or country) Md.

NFORMANT Hospital Records

(Address)

URIAL, CREMATION, OR REMOVAL

Place Morland Park Date Nov. 5 38

UNDERTAKER Laurence Leak Byer

(Address) 1602 W. North Ave

FILED Nov 7 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1938 to 11/3, 1938

I last saw h.im alive on 11/3, 1938. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral accident — Date of onset 11/1/38

Other contributory causes of importance

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

- 1938

F 51697

697 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a CC.

PLACE OF DEATH Balto. City Hospital Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St. 26-11 Ward.

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ludwig Olszewski

(a) Residence: No. 507 S. East Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of ~~late~~ WIFE of Joseph Olszewski

DATE OF BIRTH (month, day, year) Dec 23-1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Poland

10. NAME Frank Rakoff

11. BIRTHPLACE (city or town) (State or country) Poland

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Joseph Olszewski, husband

(Address) 507 S. East Ave.

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. State Nov 5 1938

UNDERTAKER John M. Weber

(Address) 401 S. Chester St

FILED 1938 Huntington Williams, Agt. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Cerebral Embolism	Oct.
Valvular Heart Disease	5 years
Other contributory causes of importance: Coronal Thrombosis	past 2 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 31, 1938

Where did injury occur? 507 S. East Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Yard of home

Manner of injury Fell on pavement

Nature of injury Contusion left forehead Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1717 N. Bond St.

1698 HEALTH DEPARTMENT—CITY OF BALTIMORE 51698

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Chelsea Terrace 15-9 Ward)

6 Mo.

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Charles Frederick Gokey

(a) Residence: No. 2612 Chelsea Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Grace Irene Gokey

6. DATE OF BIRTH (month, day, year) May 3, 1869

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mass.

13. NAME Louis Gokey

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) -----

17. INFORMANT (Address) Frederick L. Gokey 2612 Chelsea Ter.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Nov. 4, 1938

19. UNDERTAKER (Address) Geo. J. Smith 1900 Eutaw Place

FILED Nov 4 1938 Huntington Millward, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1938 to Nov. 2, 1938

I last saw him alive on Nov. 2, 1938. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Chronic Valvular Heart Disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) William G. Dunn M. D.

(Address) 350 Garrison Blvd.

4-1938

1699 HEALTH DEPARTMENT—CITY OF BALTIMORE 51699

CERTIFICATE OF DEATH

93-c

Registered No. 28-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Overdale Rd. Ten Hills St., 28-4 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Louisa Hintze Knollenberg

(a) Residence: No. 521 Overdale Rd. Ten Hills St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Knollenberg

6. DATE OF BIRTH (month, day, year) Jan. 15, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. D. p037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Gerhardt Hintze

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mr. Herman Knollenberg
(Address) 521 Overdale Rd. Ten Hills

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 5/38

19. UNDERTAKER Harry H. Lutze & Son
(Address) 1701 Thomson Ave.

FILED 4-1938 Huntington Hollins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to Nov 3, 1938

I last saw her alive on Nov 2, 1938. Death is said to have occurred on the date stated above, at 2.35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Delaney Thomas, M. D.

(Address) Med. Arts Bldg.

1700 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51700

CERTIFICATE OF DEATH

824 W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 S. Gilmor St. St., 19-4 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John M. Stein

(a) Residence: No. 238 S. Gilmor St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia Wortman Stein

6. DATE OF BIRTH (month, day, year) Dec. 15, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1884

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

13. NAME Stein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sophia Stein

(Address) 238 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 5/38 19

19. UNDERTAKER Henry H. Weitzke

(Address) 101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

1938 Huntington Hauper, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 th 1938 to Nov 1 st 19 38

I last saw h in alive on Nov 1 st 19 38 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/14/38
Other contributory causes of importance: Generalized Arteriosclerosis	2.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ..... If not specify .....

(Signed) H. J. Sanborn M. D.

(Address) 1924 N. Milton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51701

701

CERTIFICATE OF DEATH

× 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. St Agn Hosp St. 25-1 Ward)

gth of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Williams H. Hopkins

If U. S. Veteran specify WAR

(a) Residence: No. 13 Selma Ave Haleltorpe Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Ida S. Deems Hopkins

DATE OF BIRTH (month, day, year) Apr. 188x.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6 7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Hopkins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Sadler

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Ida Hopkins

(Address) Haleltorpe Md

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov. 5 1938

18. UNDERTAKER Harry H. Wiltke

(Address) 4101 Edmondson Ave

NOV 4 - 1938 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced, by which Inquiry I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	11/2
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Hanna M. D.

Coroner

(Address) 18xx W Baltimore St

E 51702

1702 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., Z to 3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Rutnyk

(a) Residence: No. 719 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Capt Rutnyk

DATE OF BIRTH (month, day, year) Aug, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner Twine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing plant

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Bartek Stanwica

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Joseph Rutnyk Son
(Address) 719 S. Bond St

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Nov 7th 1938

UNDERTAKER George A. Weber
(Address) 705 S. Ann St.

FILED 11-4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Other contributory causes of importance: Valvular heart disease	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St

7703

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51703

CERTIFICATE OF DEATH

✓ 186-a

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., ... Ward)

th of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Joseph Edward Keene

(a) Residence: No. 3107 Clearview Ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Flester

ATE OF BIRTH (month, day, year) April 21, 1888

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer, S.S.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

9. Date deceased last worked at this occupation (month and year) Oct., 1936 | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Dorchester Co.
(State or country) Maryland

13. NAME Joseph R. Keene

14. BIRTHPLACE (city or town) Dorchester Co.
(State or country) Maryland

15. MAIDEN NAME Jennie Trego

16. BIRTHPLACE (city or town) Dorchester Co.
(State or country) Maryland

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL Date 11/6 38

UNDERTAKER Boyce & Tingle
(Address) Huntington, West Virginia

Registrar

NOV 4 - 1938

NOV 4 - 1938 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1938 to November 1, 1938

I last saw him alive on November 1, 1938. Death is said to have occurred on the date stated above, at 9:42 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture, complete; 6th, 7th & 8th ribs, left	10-24
Other contributory causes of importance: Pneumonia, lobular, bilateral	10-24
Abscess, lung, left lower lobe	10-24

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 10-24, 1938

Where did injury occur? Marine Hospital, Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place

Manner of injury Fall, following dizzy spell

Nature of injury Fracture of ribs

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

51701 CERTIFICATE OF DEATH V 23 F 51701

PLACE OF DEATH Balto. City Hospitals Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 16-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Arthur Blackley

(a) Residence: No. 814 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20-1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington Va. U.S.

13. NAME OF FATHER John Blackley

14. BIRTHPLACE (city or town) (State or country) U.S.

15. MAIDEN NAME OF MOTHER Mary Grayson

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Mary Blackley Mother

(Address) 814 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Mem. Cem. Date Oct. 5th 1938

19. UNDERTAKER Adolph Hartrad

(Address) 948 Harrid Hill Ave.

NOV 4-1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Advanced both Lungs)	1 Month

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

1795 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51795

CERTIFICATE OF DEATH

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Lewsman or Lemonad Caugh

(a) Residence: No. 808 Pierce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1928

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scholl

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) UnKnown

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

INFORMANT Agusuta Lewsman
(Address) 868 Pierce St.

BURIAL, CREMATION, OR REMOVAL
Place Douglas park Nov 4 Date 1938

UNDERTAKER Adolphus Halstead
(Address) 715 Lund St Balto

Huntington Williams, M.D. NOV 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Homicide, Suicide? Oct. 30, 1938, 19

Where did injury occur 905 W. Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Riding in home made wagonin 900 Blk. struck by Auto. No. Lexington St

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. R. Weller, M. D.
Coroner

(Address) 2757 Wilkens

HEALTH DEPARTMENT—CITY OF BALTIMORE

51706

CERTIFICATE OF DEATH

82-a F 51706

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 14 N. Carey St St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Alice May Youse

(a) Residence: No. 14. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) May 15, 1863

CE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher in Dramatic Arts

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

3. NAME Willian Youse

4. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

5. MAIDEN NAME Fannie Montrose Stanton

6. BIRTHPLACE (city or town) (State or country) England

INFORMANT Edmund M. Geyer

(Address) 4. N. Carey St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Nov 5 1938

UNDERTAKER Robt. & B. M. Walter

(Address) Pratt & Stricker Sts

Huntington Williams, M.D.
Registrar.

NOV 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1938 to Nov. 3, 1938

I last saw her alive on Nov. 2, 1938 Death is said to have occurred on the date stated above, at 2:50 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmhage
Hypertension

Date of onset 10-31-38 ?

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas Bokheider, M. D.

(Address) 5 4 S. Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51707 CERTIFICATE OF DEATH GK-- 38576 F 51707

Registered No. 955

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospital St. 3-2 Ward) 28

th of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

FULL NAME Agatha Plungist

(a) Residence: No. 123 Albemarle St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Charles (D)

ATE OF BIRTH (month, day, year) Nov 9 1876 Unknown

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62 Unknown			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Lith.

10. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lith.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lith.

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 5, 1938

UNDERTAKER Roff & B. M. Walter
(Address) Pratt & Stricker Sts

FILED NOV 4 1938, 19....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938 to November 2 1938

I last saw her alive on November 2, 1938. Death is said to have occurred on the date stated above, at 8.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeLaytelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

51708

CERTIFICATE OF DEATH

46-B F 51708

Registered No.

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., 2nd Ward

th of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

FULL NAME Axel E. Carlson

(a) Residence: No. 1407 Webster St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Philbrick

TE OF BIRTH (month, day, year) March 5, 1894

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Chief Mach. Mate

Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Coast Guard

Date deceased last worked at this occupation (month and year) 10-11-37

11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) Oscars Harbor
(State or country) Sweden

NAME Carl Oscar Johnson

BIRTHPLACE (city or town) Oscars Harbor
(State or country) Sweden

MAIDEN NAME Christine Sorenson

BIRTHPLACE (city or town) Oscars Harbor
(State or country) Sweden

NFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 7 1938

UNDERTAKER Roff & B. M. Walker

(Address) Pratt & Stricker Sts

FILED NOV 4 - 1938 Washington Pollard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1937, to November 4, 1938

I last saw him alive on November 4, 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer, gastric, large	3 mos.
Obstruction, intestinal	1 mo.
Peritonitis, chronic, fibrous	Unknown
Other contributory causes of importance	

Was an operation performed? Yes Date of Oct. 11, 1938

For what disease or injury? Intestinal obstruction

Name of operation Laporatomy & enterostomy

What test confirmed diagnosis? PM Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. [illegible] M. D.

(Address) U.S. Marine Hospital

B 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

51709 F 51709

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp 15-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Eleanora Gorenek

(a) Residence: No. 2554 Pennsylvania Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lee W. Gorenek

7. DATE OF BIRTH (month, day, year): Mar 10 1853

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

13. NAME: Dennis Gaines

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): H. E. Gorenek 1807 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Pleasant Cem. Date: Nov 5 1938

19. UNDERTAKER (Address): Albert W Jurgey 1140 E North Ave

NOV 4 - 1938 Huntington Millbranch, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-29-38, 1938, to 11-3-38, 1938

I last saw h[illegible] alive on 11-3 1938 Death is said to have occurred on the date stated above, at 7:00 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-29-38

Other contributory causes of importance:
Arteriosclerotic heart disease
Generalized Arteriosclerosis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Friedman, M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51710

CERTIFICATE OF DEATH

94 F 51710

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Whitney Ave. 27-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Wm. Fitzpatrick. If U. S. Veteran specify WAR

(a) Residence: No. 2800 Whitney Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5-'81

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News Papers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Adrian H. Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Cadyville N.Y.

15. MAIDEN NAME Margaret Lowe

16. BIRTHPLACE (city or town) (State or country) Hartford Conn.

INFORMANT Mrs. Frances Vogel

(Address) 2800 Whitney

BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem. Date 11-5 1938

UNDERTAKER Young & Byers

(Address) 532 N. Eutaw St.

FILED 19

NOV 4 - 1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Thereon and from the evidence (Inquest, Autopsy or Inquiry)

death was caused as stated. And that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance	

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ethyr A. Cray M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

51711

CERTIFICATE OF DEATH

✓ 94-BF 51711

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Sinai Hospital St. 2-7-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

FULL NAME Abraham Bloom

If U. S. Veteran specify WAR

(a) Residence: No. 4916 Chalgrove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed or divorced HUSBAND of (or) WIFE of Rose Hen Katzen

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day hrs. or min.
	57			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

S. NAME Sobel V. Bloom

4. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Esther Bloom

6. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL

Pl. Mt Carmel Date 11/4/38 19

UNDERTAKER Jack Lewis Inc.
(Address) 1437 E. Pratt St.

ERED Huntington Williams, Mgr.
(Reg. Off.)

NOV 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4/ 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Nov. 4, 1938

I last saw h. alive on Nov. 4 19 38 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion (?)	C Oct, 1938
Other contributory causes of importance:	
Bronchial asthma	C 1933

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Sidney Schabis M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

1712

CERTIFICATE OF DEATH

95-P 51712

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 2026 Linden Ave 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rose Freda Kleyt

If U. S. Veteran specify WAR

(a) Residence: No. 2026 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
al	White	married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) New York City

NAME Clinton Solomon

IRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Anna Rappaport

IRTHPLACE (city or town) (State or country) Russia

NFORMANT Harry Kleyt

(Address) 2026 Linden Ave

URIAL, CREMATION, OR REMOVAL

Place Washington Blvd 11/6/38 19

NDERTAKER Jack Levine

(Address) 1739 E Baltimore St.

11-4-1938 Huntington Williams Corp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1920 to Nov 3, 1938

I last saw her alive on Nov 3, 1938 Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) OBesity	1910
Arterio-Sclerosis	1925
Hypertension	1928
Acute myocardial failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack Cohen, M. D.

(Address) 1804 Eutaw Place

F 51713

#15781

SF

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√100

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospitals St., 11-1 Ward)

life

th of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

FULL NAME William J. Haines

(a) Residence: No. 629 N. Calvert St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 5/2/1856

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	5	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

9. Date deceased last worked at this occupation (month and year)..... 10. Total time (years) spent in this occupation.....

BIRTHPLACE (city or town) Md.
(State or country)

11. NAME Lorion Haines

12. BIRTHPLACE (city or town) France
(State or country)

13. MAIDEN NAME Catherine

14. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date NOV 4 1938

Commissioner of Health

UNDERTAKER .....
(Address)

FILED Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/38, 19

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1937 to November 1, 1938

I last saw him alive on November 1, 1938. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	10-18-38
Thrombophlebitis of leg	10-18-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [redacted] M. D.

(Address) Baltimore City Hospitals

= 1938 4405

Zeuch

51714 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 131 F 51714

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1923 E Lafayette Ave St., 8-6 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME William Zeuch

(a) Residence: No. 1923 E Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) April 29, 1904

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	6	4 3	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Tel Co

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore

3. NAME Karl H Zeuch

4. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Johanna Hausdrogen

6. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Mrs Karl H Zeuch
(Address) 1923 E Lafayette Ave

URIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 11-5 1938

UNDERTAKER Albert L Hilt & Son
(Address) 1023 N Eutaw St

4--1938 Huntington Williams, Mgr.
(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7 1936 to 11/2 1938

I last saw h-- alive on 11/2 1938. Death is said to have occurred on the date stated above, at 920 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1936
Chronic Nephritis	
Uremia - Salvosis	

Other contributory causes of importance:

Hypertension	
Acute Cardiac Dilatation	11/2 P.M.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — , 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. Fittman M. D.

(Address) 1804 E. Chase St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51715 CERTIFICATE OF DEATH V 107-a F 51715

PLACE OF DEATH Church Home & Infirmary — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. North Broadway St. ..... Ward)

ch of residence in city or town where death occurred 64 yrs. 2 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME William T Amoss

(a) Residence: No. 1526 N Washington St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Bessie Amoss

TE OF BIRTH (month, day, year) August 16, 1874

E	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	2	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt Ironer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) September 1938 — 11. Total time (years) spent in this occupation 30 yrs

IRTHPLACE (city or town) (State or country) Baltimore

. NAME John Amoss

. BIRTHPLACE (city or town) (State or country) Unknown

. MAIDEN NAME Margaret

. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mrs. J Liebman

(Address) 1526 N Washington Ave

URIAL, CREMATION, OR REMOVAL, Druid Ridge Cem. Nov. 7, 38

NDERTAKER Milton Schillinger

(Address) 1122 E. Monument St

V 4-1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1938, to November 3, 1938.

I last saw him alive on November 2, 1938. Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-7-38

Other contributory causes of importance

Was an operation performed? No — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. A. Whitworth, M. D.

(Address) Church Home & Infirmary

P 1268-9

Coverdale ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

51716

CERTIFICATE OF DEATH

119 F 51716

PLACE OF DEATH Franklin Sq. Hosp. 25-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. , St. Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Patricia Coverdale.

(a) Residence: No. Redbird Av. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

(If married, widowed, or divorced) HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 23, 1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore —

12. NAME Frederick Coverdale

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Flora Meyer.

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 4 1938

Commissioner of Health

18. UNDERTAKER For H. A. Moore
(Address) Huntington Williams, Nov. 1938 Registrar.

4407

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1938 to Oct. 30, 1938

I last saw her alive on Oct. 30, 1938 Death is said to have occurred on the date stated above, at 4 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea (Cause unknown)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-a-149-a F 51717

51717

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Bon Secours Hospital St. ... Ward)

th of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Mrs Ethel E. Mules.

(a) Residence: No. (2551) 259 W. Fairmont St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur I. Mules, Sr.

ATE OF BIRTH (month, day, year) March 11, 1907

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	7	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1½ yrs

IRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME William Jeffrey

. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

. MAIDEN NAME Florence Ferguson

6. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NFORMANT Mr. Wilbur I. Mules, Sr.

(Address) 2551 W. Fairmount Ave.

URIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Nov. 5 1938

NDERTAKER L. Lamoreau

(Address) 1065 W. Baltimore St.

V 4-1938 Huntington Williams, Nj.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27 1938, to Nov. 3 1938

I last saw h[illegible] alive on Nov. 3 1938 Death is said to have occurred on the date stated above, at 8:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endometritis	Oct. 28
Peritonitis	
Other contributory causes of importance	

Was an operation performed? Yes Date of Oct. 27, 1938

For what disease or injury? Fibroma Uterus

Name of operation Cesarean Section

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. H. Bradley M. D.

(Address) Bon Secours Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE #38540

51718

CERTIFICATE OF DEATH

51-C F 51718

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Balto. City Hospitals St., 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

27 yrs

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME walter Rich

If U. S. Veteran specify WAR

(a) Residence: No. 712 Newington Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	married

f married, widowed, or divorced HUSBAND of (or) WIFE of Edith

ATE OF BIRTH (month, day, year) March 17, 1862 ?

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76 ?	7	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md.

3. NAME John Koch

4. BIRTHPLACE (city or town) (State or country) Ga.

5. MAIDEN NAME Mary A Corbin

6. BIRTHPLACE (city or town) (State or country) Ga

NFORMANT Hospital records

(Address)

URIAL, CREMATION, OR REMOVAL Forest Lawn

Date 11/6 19 38

UNDERTAKER W M Cook

(Address) 1210 E Fort Ave

Huntington Williams, M.D.

NOV 4 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1938 to 11-3, 1938

I last saw him alive on 11-3, 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate with metastasis	?
Arteriosclerotic Heart Disease	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E E Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51719

CERTIFICATE OF DEATH

Dr Dorsey
1129 St Paul St.

53 E 51219

Registered No. 51219

PLACE OF DEATH

Y OF BALTIMORE: (No. 5109 Ivanhoe St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred Live mos da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME George E. Mc Donough

if U. S. Veteran specify WAR

(a) Residence: No. 5109 Ivanhoe Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3. Color or Race	4. Single, Married, Widowed, or Divorced (write the word)
White	Married

married, widowed, or divorced (HUSBAND of (or) WIFE of Katherine Kohler)

TE OF BIRTH (month, day, year) June 20-1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. Wholesale Meters Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Michael Mc Donough

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Bridget O'Donnell

BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Katherine K. Mc Donough

(Address) 5109 Ivanhoe Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 11/7 38

UNDERTAKER Williams (Cook)

(Address) 1217 St Paul St

NOV 4 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-29 1938 to 11-7 1938

I last saw h[illegible] alive on 11-4 1938 Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) MELANOTIC SARCOMA	1937
(b)	
(c)	
(d)	

Other contributory causes of importance:

Was an operation performed? YES Date of 4-30-38

For what disease or injury? PIGMENTED NEVUS

Name of operation EXCISION OF NEVUS

What test confirmed diagnosis? BIOPSY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specific city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] Dorsey M. D.

(Address) 1129 St Paul St

Dr. Eisenberg 201 E Read St Wilkie 7073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51720 | 131 F 51720

51720

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1622 N. Bond St., 8-6 Ward)

th of residence in city or town where death occurred 78 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Emma Cook

(a) Residence: No. 1622 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
~~ale~~	White	Married

married, ~~widowed, or divorced~~:
HUSBAND of
or) WIFE of Carlos W. Cook

TE OF BIRTH (month, day, year) June 20th 1860

E Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation 0

IRTHPLACE (city or town) (State or country) Balto Md.

2. NAME William S. Miller

3. BIRTHPLACE (city or town) (State or country) Balto Md.

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country)

NFORMANT Chas. W. Cook
(Address) 1622 N. Bond St

URIAL, CREMATION, OR REMOVAL
Place Balto Date Nov 5th 1938

NDERTAKER Wm Cook
(Address) 217 St. Paul St

NOV 4 - 1938 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1938 to November 3, 1938. I last saw her alive on November 3, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	2 Years
Arterial Hypertension	20 -
Chronic Interstitial Nephritis	
Contributory causes of importance:	
Cardiac Decompensation	3 days
& Uremia	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What ~~was confirmed~~ diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If

(Signed) Albert Eisenberg M.D.

(Address) 1025 E Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

51721 51721

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH
Y OF BALTIMORE: (No.) Volunteers of America Hosp (St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis Browne (Born) If U. S. Veteran, specify WAR

(a) Residence: No. Salem & Maryland Hgts St., Catonsville Ward. B. a md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced)
SBAND of (or) WIFE of Caroline Browne

TE OF BIRTH (month, day, year) Aug. 1, 1883

E Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
55	3	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Howard County Md.

. NAME Richard Browne

. BIRTHPLACE (city or town) (State or country) Md.

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

G ORMANT Louis Browne Jr.
(Address) 2 Virginia Heights

BURIAL, CREMATION, OR REMOVAL
Place Friday Hill Date Nov. 7 1938

NDERTAKER Edw. J. Mac Nabb
(Address) Catonsville, Md.

ED 4-1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 26, 1938 to Nov 3, 1938

I last saw him alive on Nov 3, 1938. Death is said to have occurred on the date stated above, at 1 o'clock P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	7
Cerebral Hemorrhage	10/23/38
Terminal Bronchopneumonia	11/1/38

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Reginald M. Lemmel M. D.
(Signature)
(Address) Volunteers of America Hosp.
415 W. Lexington St.

F 51722

1722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Gen. Hospital Ward 2

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella Wagner

(a) Residence: No. 4813 Sugnn Oak ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran (Yes or No) specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 4, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

9. BIRTHPLACE (city or town) (State or country) Md

10. NAME Charles A. Wagner

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Lavinia Mosby

13. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Miss Laura Wagner

(Address) 4813 Sugnn Oak ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 7th 1938

UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

FILED Nov 8 1938 Huntington Williams, Registrar

— 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) Deceased and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of hip & Probably Hemorrhage of brain	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident; Date of injury Nov 4, 1938

Where did injury occur? 4813 Sugnn Oak ave, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Slipped and fell in her room

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann M. D.

Coroner

(Address) 215 Hanover

F 51723

723 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2208 Kentucky Ave. 8-1 Ward)

th of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Walter Steege

(a) Residence: No. 2208 Kentucky Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Helene F. Steege

TE OF BIRTH (month, day, year) April 8th 1889

E Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Rochester N.Y.
(State or country)

. NAME Not known

. BIRTHPLACE (city or town) ?
(State or country)

. MAIDEN NAME ?

. BIRTHPLACE (city or town) ?
(State or country)

NFORMANT Mrs. Helene F. Steege

(Address) 2208 Kentucky Ave

URIAL, CREMATION, OR REMOVAL 6/13/38 1938

Clermont Crematory

NDERTAKER Wm. Cook & Co.

(Address) 1214 E. Coulter

LED Huntington Williams, N.Y.
(Registrar)

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from October 29 1938, to Nov 3 1938.

I last saw him alive on Nov 3 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
myocardial fibrosis.
Contusion of the eyes

Date of onset
?
Over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert D. Flora M. D.

(Address) 876 Washington Blvd

✓ F 51724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 24 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Andrew Hinkle

(a) Residence: No. 510 E. Clement St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hinkle

DATE OF BIRTH (month, day, year) June 22, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Neck Tie Cutter

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

8. NAME OF FATHER John Hinkle

9. BIRTHPLACE (city or town) (State or country) Germany

10. MAIDEN NAME OF MOTHER Margaret Bochline

11. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Joseph Hinkle 1419 Covington St.

BURIAL, CREMATION, OR REMOVAL Place Holy Cross a.g. Date 10/7, 1938

UNDERTAKER (Address) Margaret G. Hynes 2109 N. Hilton St.

FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1938 to 11-4, 1938

I last saw him alive on 11-4-38, 1938 Death is said to have occurred on the date stated above, at 9 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease & Cardiac Failure	Jan 1938
Arteriosclerosis & Sclerosis of Kidneys -	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Robert W Johnson M. D.

(Address) 3564 Hanover St.

F 51725

53796 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H6-B

PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Belakowntz or Belakowich If U. S. Veteran specify WAR

(a) Residence: No. 240 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of V. Belakowich

7. DATE OF BIRTH (month, day, year) Not known

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 68			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Roman Belakowntz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME ? Yarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Russian Date a.a. Co Nov. 5 1938

19. UNDERTAKER John A. Grabbowskas Jr
(Address) 423 S. Paca St
Huntington Williams, M.D.

FILED 11-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1938 to Nov 4, 1938

I last saw him alive on Nov 4, 1938. Death is said to have occurred on the date stated above, at 12.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-2-38
Ca of stomach.	?

Other contributory causes of importance:

ANAEMIA, debilitation

Was an operation performed? YES Date of 10-31-38

For what disease or injury? Ca of stomach

Name of operation GASTRECTOMY - total

What test confirmed diagnosis? Path. section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51726 — 167 — F 51726

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5508 Mat feld av 16-4 Ward) — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Leon E Tanner — If U. S. Veteran specify WAR

(a) Residence: No. 1923 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Catherine M. Tanner

DATE OF BIRTH (month, day, year): June 21, 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Undertakers Asst.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Forker Fun. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 2 Mo.

BIRTHPLACE (city or town) (State or country): Baltimore Md.

12. NAME: Leon E. Tanner

13. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Virginia Snyder

16. BIRTHPLACE (city or town) (State or country): Taneytown Md

INFORMANT (Address): Leon E. Tanner 5508 Mat feld Ave

BURIAL, CREMATION, OR REMOVAL

Place: London Pk Date: Nov 7, 1938

UNDERTAKER (Address): Roland E. Forker 612 N. Monroe St

FILED: 5-1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

[illegible] find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide from shot gun	11/2/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 11-3 1938

Where did injury occur 5508 Mat feld Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In bed room but heart

Manner of injury Placed shot gun to

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John N Evans M. D. Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE 1727

CERTIFICATE OF DEATH

1727 131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1048 W. Saratoga St. (Ward) 18-2

(a) Residence: No. 1048 W. Saratoga St. (If non-resident give city or town and State)

(Usual place of abode)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Josephine Griffin

Length of residence in city or town where death occurred 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Walter M. Griffin

6. DATE OF BIRTH (month, day, year): July 4th 1881

7. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work

Date deceased last worked at this occupation (month, day, year): 10/28/38

11. Total time (years) spent in this occupation: 30 yrs

9. BIRTHPLACE (City or town) (State or country): Taylor Island Maryland

10. NAME OF FATHER: Gale Patrick

11. BIRTHPLACE (city or town) (State or country): Dorchester Co Maryland

12. MAIDEN NAME OF MOTHER: Sarah Jones

13. BIRTHPLACE (city or town) (State or country): Taylor Island Maryland

14. INFORMANT (Address): Walter M. Griffin 1048 W. Saratoga St

15. BURIAL, CREMATION, OR REMOVAL: Place Mt. Zion Date Nov 7, 1938

16. UNDERTAKER (Address): Thos. Katie R. Williams 322 N. Schroeder St

17. FILED: NOV 5-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/3/38

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th 38 to Nov 3rd 38. I last saw her alive on Nov 2nd 38. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	10/28/38
Other contributory causes of importance: Interstitial Nephritis, Malig. Hypertension.	9/1938

Was an operation performed? None Date of:

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. V. Gunn M. D.

(Address) 522 N. Arlington Ave

F 51728

D. B 1268-9

1728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Eutaw Place St., 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME David Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2320 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Pool Miller,

DATE OF BIRTH (month, day, year) Apr. 26, 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

13. NAME Max Miller.

14. BIRTHPLACE (city or town) Cumberland,
(State or country) Md.

15. MAIDEN NAME Henriette Kaufman.

16. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

INFORMANT Mrs. Dorothy Pool Miller,
(Address) 2320 Eutaw Place.

BURIAL, CREMATION OR REMOVAL.

Place Balto. Heb. Cem. Date Nov. 6th, 38

UNDERTAKER Sard Goodhart's Son
(Address) 1902 Eutaw Place.

FILED Huntington Williams, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Original Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Original Inquiry find that said deceased came to (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/4/38

Where did injury occur? 2320 Eutaw Place Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on gas jets on stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

729 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51729

CERTIFICATE OF DEATH ✓ 820

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 5-1

(Length of residence in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas Winston

If U. S. Veteran specify WAR

(a) Residence: No. 1430 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula Winston

DATE OF BIRTH (month, day, year) Mar 15-1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frank Ring N.C.

13. NAME June Winston

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Nancy Winston

16. BIRTHPLACE (city or town) (State or country) NC

INFORMANT Mrs Katherine Person

(Address) 1431 Orleans St

BURIAL, CREMATION, OR REMOVAL

Place Rylay NC Date Nov. 5th 1938

UNDERTAKER Elroy O Wilson

(Address) 1000 Granby Ave

FILED Registrar

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Stab Arachnoid Hemmorhage

Date of onset Nov 1 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jerry S. Allen, M. D. Coroner

(Address) 50 Augusta St

F 51730

730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

PLACE OF DEATH Baltimore & Holiday Sts. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Mercy Hospital St., 23-2 Ward)

gth of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Adolph E. Siegmann

(a) Residence: No. 1626 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Jan. 11, 1870

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. laborer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad (B & O)
9. Date deceased last worked at this occupation (month and year) May 1930
11. Total time (years) spent in this occupation 15

10. BIRTHPLACE (city or town) (State or country) Germany
13. NAME William Siegmann
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) (State or country) Germany
INFORMANT Mrs. Augusta Strecker (Sister)
(Address) 1626 S. Charles St.

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Nov. 7, 1938
UNDERTAKER G. Howard Evans or E.E.E.
(Address) 1400-02 S. Charles St.
FILED 19 (Register)

Huntington Williams, Supt

- 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained at said (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so specify

(Signed) Samuel B. Wolfe M. D.
(Address) 1331 E. North Ave

1731 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51731

CERTIFICATE OF DEATH ✓ 34F-114B

PLACE OF DEATH U.S. Marine Hospital Registered No.

Y OF BALTIMORE: (No. St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Percy Elton Shedrack If U. S. Veteran specify WAR WW

(a) Residence: No. 413 N. Caroline St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	colored	married

married, widowed, or divorced HUSBAND of or) WIFE of Nannie Fowlkes

TE OF BIRTH (month, day, year) July 16, 1894

E Years	Months	Days	If LESS than 1 day hrs. or min.
44	3	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

Date deceased last worked at this occupation (month and year) 1-1-36 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Rice Virginia

NAME William Shedrack

BIRTHPLACE (city or town) (State or country) Rice Va.

MAIDEN NAME Elvira Washington

BIRTHPLACE (city or town) (State or country) Rice Va.

FORMANT Records, U.S.Marine Hospital

(Address) Baltimore, Md.

URIAL, CREMATION, OR REMOVAL

Place Burkeville Va Date Nov. 6 1938

UNDERTAKER Mrs. R. C. Elliott-Daughter

(Address) 112 N. Caroline St

FILED Nov 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1938 to November 4, 1938

I last saw him alive on November 4, 1938 Death is said to have occurred on the date stated above, at 9:20a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, cardiovascular	Unknown
Gangrene, lung, right lower lobe	2 wks.

Other contributory causes of importance:

Was an operation performed? yes Date of Oct. 26, 1938

For what disease or injury? Cardiac failure

Name of operation Phlebotomy

What test confirmed diagnosis? PM Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. Anderson M. D.

(Address) U.S. Marine Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

51732

CERTIFICATE OF DEATH

F 51732

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 26-2 Ward)

(If not resident of Baltimore, length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.)

If U. S. Veteran specify WAR

FULL NAME Clara J. Kornick

(a) Residence: No. 4607 Frankford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of Herman L. Kornick

6. DATE OF BIRTH (month, day, year) Dec. 17-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Pa

13. NAME OF FATHER John A Barth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Anna Balster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ed. Kornick

(Address) 4607 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 7 1938

19. UNDERTAKER Frank V. Pistorino

(Address) 2018 E. Baltimore St

Huntington Williams, Mgr.

20. FILED 11-6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3/ 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured hip	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Time of injury 10/26/1938

Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs at home

Nature of injury 4607 Frankford Ave.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner, M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

51733

CERTIFICATE OF DEATH

82 F 51733

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1104 Argyle Ave St 17-2 Ward)

th of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mae Hayden Brooks

U. S. Veteran (specify WAR)

(a) Residence: No. 1104 Argyle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Brooks

6. DATE OF BIRTH (month, day, year) May 14-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leonardstown Md

13. NAME Alfred Hayden

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Nellie Cole

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Geo Hayden Brooks (Address) 1104 Argyle Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Nov. 7 '38

19. UNDERTAKER Mrs. George N. Hoeland (Address) 1631 Druid Hill Ave

20. FILED NOV 6-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 '38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence disclosed by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Nov 3 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen M. D.

(Address) 1000 Linden Ave (Corner)

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

51734 CERTIFICATE OF DEATH √ 59 F 51734

PLACE OF DEATH Sinai Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. 15-12 Ward)

th of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

FULL NAME Sadie R. Grebow If U. S. Veteran specify WAR

(a) Residence: No. 2522 Keyworth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Selik

TE OF BIRTH (month, day, year) Nov 15 1870

E Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

. NAME Morris Smetowsky

. BIRTHPLACE (city or town) (State or country) Russia

. MAIDEN NAME unknow

. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Selik Grebow

(Address) 2522 Keyworth ave

URIAL, CREMATION, OR REMOVAL

endow Meml Pk Date NOV 6 1938

M. Cuty

NDERTAKER Sol Levinson Bros

(Address) 1124-26 W Mt Royal ave

V 6 - 1938 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/26 1938 to 11/4 1938

I last saw her alive on 11/4 1938 Death is said to have occurred on the date stated above, at 11:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10/26
Hypertensive cardio-vas. dis.	

Other contributory causes of importance:

Diabetes

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert N. Guttenberger, Jr. M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

1735

CERTIFICATE OF DEATH

✓ 108 F 51735

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 211 Harrison St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

FULL NAME Nathan Goldfarb

If U. S. Veteran specify WAR

(a) Residence: No. 211 Harrison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

ATE OF BIRTH (month, day, year) 1867

E Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

. NAME Sam Louis Goldfarb

. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Hanna

6. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Jerome Goldfarb

(Address) 211 Harrison St

URIAL, CREMATION, OR REMOVAL

Date NOV 6 1938

NDERTAKER Sol Levinson & Bros

(Address) 1124-26 W Mosher ave Huntington Williams, Ind

Registrar

6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1938, to Nov. 4th, 1938

I last saw him alive on Nov. 4th, 1938. Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis & Hypertension	
C.V.R. disease.	
Cerebral Hemorrhage	
Lobar Pneumonia.	

Other contributory causes of importance:

Hypertrophied Prostate.
Inguinal hernia.

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M A Finn, M. D.

(Address) 11 Dispatch St

Rm 1039

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

51736

CERTIFICATE OF DEATH

93-C

PLACE OF DEATH Franklin Sq. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 15-6 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Oppenheimer

(a) Residence: No. 1708 Ellamont St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 1 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary of Cemetery

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) (State or country) Berlin Md.

NAME OF FATHER David Oppenheimer

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Jennie Seefeld

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Lina Loewenstein
(Address) 1708 Ellamont St

BURIAL, CREMATION, OR REMOVAL
Date Nov 7 1938

UNDERTAKER J. Cohen & Co
(Address) 20 E. Redwood St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1938 to Nov. 5, 1938

I last saw him alive on Nov. 5, 1938 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chronic Myocarditis	
Other contributory causes of importance:	
Pulmonary edema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) W. Hendricks, M. D.

(Address) Franklin Sq. Hosp.

0946-1938 Huntington Williams, Nph

HEALTH DEPARTMENT—CITY OF BALTIMORE

51737

CERTIFICATE OF DEATH

F 51737

93-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 535 Freeman St. St. 25-H Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Boyd P. Jones

(a) Residence: No. 535 Freeman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Jones

DATE OF BIRTH (month, day, year) May 27 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	50	5	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned Fireman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Anna E. Jones (wife)

(Address) 535 Freeman St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 11/7 193

UNDERTAKER L. F. McCully

(Address) 130 E Fort

FILED 19 Registrar

NOV 6-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to Nov 4, 1938

I last saw him alive on Nov 1, 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/4/38

Other contributory causes of importance:

Myocardial degeneration	1935

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence M. Lewis M. D.

(Address) 1009 Annapolis Blvd Brooklyn Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

51738

CERTIFICATE OF DEATH ✓

1354-B 51738

95-B

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 1-1 Ward)

life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Frank Lubrowski

If U. S. Veteran specify WAR

(a) Residence: No. 829 S. Decker Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

married, widowed, or divorced HUSBAND of or) WIFE of Unknown

TE OF BIRTH (month, day, year) ?

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59 (?)			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

. NAME Frau ?

. BIRTHPLACE (city or town) (State or country) Unknown

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Balto. City Hosp. Records

(Address)

URIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Nov. 8, 1938

NDERTAKER M. F. Sadoski & Sons

(Address) 1808 Eastern Ave.

6 1938 Huntington Williams Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1938, to November 4, 1938

I last saw him alive on November 4, 1938. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia Cardiac Heart Disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Lyle Lantelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

51739

CERTIFICATE OF DEATH

✓ 46-4F 51739

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 622 S. Montford Ave. St. 1-3 Ward)

h of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Aleksandra Jakubik

(a) Residence: No. 622 S. Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
USBAND of (or) WIFE of Wladyslaw Jakubik

TE OF BIRTH (month, day, year) Dec. 15 1888

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	11 10	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Poland

NAME John Mioduszewski

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Unk.

BIRTHPLACE (city or town) (State or country) Poland

NFORMANT Wladyslaw Jakubik
(Address) 622 S. Montford Ave.

RIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 7 1938

NDERTAKER Fred W. Rasmuson
(Address) 1930 Eastern Ave.

Huntington Williams, Nyc
Registrar

6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 38 to Nov 3 1938.

I last saw h... alive on Nov 3 1938. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	Jan
Other contributory causes of importance.	
Metastasis to liver	6 mo.
Ascites	3 mo.

Was an operation performed? No, Date of .....

For what disease or injury? Carcinoma

Name of operation Sigmoidoscopy Laboratory

What test confirmed diagnosis? Path Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Adrian L. Libowitz M. D.

(Address) 1939 McElderry

HEALTH DEPARTMENT—CITY OF BALTIMORE

1740

CERTIFICATE OF DEATH

107-WF 51740

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Agnes Novak

6. DATE OF BIRTH (month, day, year) Dec. 4, 1885

7. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	4	0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

10. NAME Charles Novak

11. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

12. MAIDEN NAME Uknown

13. BIRTHPLACE (city or town) (State or country)

INFORMANT Agnes Novak (wife)

(Address) 933 N. Madeira St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date 11/7/38

UNDERTAKER Charles E. Schimunek

(Address) 2603 E. Madison St.

NOV 6 - 1938 Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from October, 1938, to November 4, 1938

I last saw h[illegible] alive on November 4, 1938 Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Angst, M. D.

(Address) St. Josephs Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

51741

CERTIFICATE OF DEATH

173 F 51741

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hospital St., 13-8 Ward)

th of residence in city or town where death occurred 30 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

U.S. Veteran (Specify WAR)

FULL NAME Chloe Mae Holmes

(a) Residence: No. 2142 Druid Park Drive St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

f married, widowed, or divorced
HUSBAND of (or) WIFE of Emory V. Holmes

ATE OF BIRTH (month, day, year) Feb. 4, 1888

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	-	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

11. NAME John C. McComas

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Hunter

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Miss Daisy Mae Holmes 2742 Druid Park Drive

BURIAL, CREMATION, OR REMOVAL

Abingdon, Harford Co. Date Nov. 7, 1938

UNDERTAKER (Address) Horace F. Burrell 3631 Falls Road

FILED NOV 6-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of abdomen	
Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/1/38

For what disease or injury?

Name of operation Exploratory Laparotomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 11/1/38
Where did injury occur? 2142 Druid Park Drive Balto, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Shot in abdomen with
Nature of injury a pistol

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Chesshir M. D.
Coroner
(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

51742

CERTIFICATE OF DEATH

34111
48 F 51742

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Balto. City Hospitals St. 6-17 Ward)

22 yrs

h of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Willie Sue Gerhardt or Wilson

Summit, Md.

(a) Residence: No. 107 W. Putty Hill-Parkville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced USBAND of r) WIFE of Cicil

TE OF BIRTH (month, day, year) 8/1/1894

Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Va.
(State or country)

. NAME Willie Wells

. BIRTHPLACE (city or town) Va.
(State or country)

. MAIDEN NAME Virginia Key

. BIRTHPLACE (city or town) Va.
(State or country)

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL

Pl Holy Redeemer Date 11/7/38

NDERTAKER Leonard Funeral Home

(Address) 1205 Hollins St

11-8-1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-9-38, 19, to 11-3, 1938

I last saw her alive on 11-3, 1938 Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix with metastasis	Before June 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Kirkpatrick M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51743

46-T 51743

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Agnes' Hospital

OF BALTIMORE: (No. Wilkens & Caton Aves. St.) 20-8 (Ward)

Usual place of residence in city or town where death occurred 60 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Margaret Ann Murphy

(a) Residence: No. 208 S. Loudon Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (HUSBAND of / WIFE of) Louis Murphy

7. DATE OF BIRTH (month, day, year) April 2-1878

8. Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Patrick Maddox

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Maria Costigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mr Louis M Murphy 208 S Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL St Mary's Gen Date 11/5/38 19..

19. UNDERTAKER (Address) John J Cowan & Co for Watkins Et Huntington Williams, Md

20. FILED 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13. 1938 to Nov. 5 1938

I last saw her alive on Nov. 5 1938 Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	Sept. 1938
Other contributory causes of importance: Ruptured abt.	

Was an operation performed? Yes Date of 10-17-38

For what disease or injury? Ruptured abt.

Name of operation Colostomy

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. O. Williamson M. D.

(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

51744

CERTIFICATE OF DEATH

95-C F 51744

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 20 Balto. Gen. Hosp. St. 23-1 Ward)

h of residence in city or town where death occurred 70 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs Emma Graham

(a) Residence: No. 136 W. Fort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Late Joseph Graham

TE OF BIRTH (month, day, year) June 1, 1862

E Years	Months	Days	If LESS than 1 day, hrs. or min.
76 years	5	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

IRTHPLACE (city or town) (State or country) Baltimore Md

. NAME John Collins

. BIRTHPLACE (city or town) (State or country) Balto Md

. MAIDEN NAME Linkenmyer

. BIRTHPLACE (city or town) (State or country) Baltimore

NFORMANT Mrs Annie E Norton

(Address) 136 W Fort Ave

URIAL, CREMATION, OR REMOVAL

Place Londonderry Cem Date 11/7/38

UNDERTAKER Thos Corwin Son

(Address) 894 Carrollton Ave

Filed 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/31/38, 19, to 11/4, 1938

I last saw h.e.r alive on 11/4, 1938. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	
	Dead

Other contributory causes of importance:

Cause of surgery about 1 year ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. F. Smith M. D.

(Address) 30 Balto. General Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51745

51745

CERTIFICATE OF DEATH

87-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2041 Orleans St. 6-4 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Christina Franke

a) Residence: No. 2041 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W	Widow

(If married, widowed or divorced) WIFE of Francis A. Franke

DATE OF BIRTH (month, day, year) Oct 19 1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

NAME Leonard Young

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Frances Deck

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Annie Davis

(Address) 2041 Orleans St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 7 1938

UNDERTAKER Martin H. E. Dippel

(Address) 37 S. Conkling St

NOV 6-1938 Huntington Williams, Nov. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1938 to Nov 3 1938

I last saw her alive on Nov 2 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 yr
Other contributory causes of importance: Cerebral Hemorrhage	1 hr

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Lewis M. D.

(Address) 2520 E. Baltimore St

1746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 51746

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 420 N. Montford St. or 6 Ward)

(b) Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Addie Conklin

(a) Residence: No. 420 N. Montford St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Married

(Married, widowed, or divorced) WIFE of Aloney Conklin

3. DATE OF BIRTH (month, day, year) 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ind.

NAME OF FATHER Joseph Conklin

BIRTHPLACE (city or town) (State or country) Ind.

MAIDEN NAME OF MOTHER Mary Kirby

BIRTHPLACE (city or town) (State or country) Ind.

INFORMANT Isaac Conklin

(Address) 2836 Belair

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 11/7 19 38

UNDERTAKER J. J. Moran

(Address) 1300 E. Baltimore St.

FILED 11/6/38 19 NOV 6 1938 Registrar.

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1938 to Nov. 4 1938, 19..

I last saw him alive on Nov. 4 1938. Death is said to have occurred on the date stated above, at 9P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) L. C. Friend M. D.

(Address) 1 E. Fairmount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51747

CERTIFICATE OF DEATH

F 51747

Registered No.

PLACE OF DEATH Balto. City Hospitals

Y OF BALTIMORE: (No. Bay View St. 26 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Thomas Crenham

If U. S. Veteran specify WAR

(a) Residence: No. 48 Monument St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Annie Crenham

TE OF BIRTH (month, day, year) Oct 27-1874

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 3 yrs

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning factory

Date deceased last worked at this occupation (month and year) Dec 1937 | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Beverly Falls Pa.

2. NAME William Crenham

). BIRTHPLACE (city or town) (State or country) Beverly Falls Pa.

5. MAIDEN NAME Rosie Allen

6. BIRTHPLACE (city or town) (State or country) Beverly Falls Pa.

NFORMANT (Address) Mrs Ingis Crenham W 48 Monument St.

URIAL, CREMATION, OR REMOVAL

Fl Date 11/7 19 38

NDERTAKER (Address) J. Boden 3600 E. Baltimore St.

ILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

attended the said deceased from Nov 1 to Nov 3 and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	hours
Attack Embolism	Sept 1938
	to Nov 3 1938
Other contributory causes of importance: Valvular heart disease	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, give

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Broadway

51748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B F 51748

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St. 4-K Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Otto Olsen

(a) Residence: No. Bergen, Norway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Marie Olsen

ATE OF BIRTH (month, day, year) January 30, 1911

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman - Engine Dept.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS Torungen

8. Date deceased last worked at this occupation (month and year) November 1938

11. Total time (years) spent in this occupation 6 mos.

BIRTHPLACE (city or town) Bergen
(State or country) Norway

13. NAME Unknown

14. BIRTHPLACE (city or town) Norway
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Norway

INFORMANT Mr. C. L. Bokmeyer
(Address) 19 South St.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Nov. 6 1938

UNDERTAKER [illegible]
(Address) 1303 E. Baltimore St.

FILED NOV 6 - 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) analyzed by said and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidural Abscess, Spinal Meningitis, Septicaemia	5 days
Other contributory causes of importance: Infection Right Elbow (Traumatic)	8 days

Was an operation performed? Yes Date of Nov. 4 38.

For what disease or injury? Epidural abscess

Name of operation Laminectomy Date of Nov 4 38

What test confirmed diagnosis? Clinical findings Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 25, 1938

Where did injury occur? Aboard S.S. TORUNGEN.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry (Engine room of Merchant)

Manner of injury Struck at above by some projection

Nature of injury Cellulitis of R. Elbow & Infection.

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Received wound in Engine room

(Signed) Michael J. Ahearn M. D.
Coroner

(Address) 2360 Eutaw Place

51749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-34 F 51749

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 4 West

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

FULL NAME Wesley Byrd

(a) Residence: No. 523 N. McMechen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	Col	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Byrd

DATE OF BIRTH (month, day, year) May 25-1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Essex Co Va

10. NAME OF FATHER Thomas Byrd

11. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Mary Brooks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thomas Byrd Jr

(Address) Essex Co Va

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date May 7th 1938

19. UNDERTAKER Joseph A. Lively

(Address) 1109 N. Mount Street

20. FILED 6-1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Apoplexy	May 3 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 501 Augusta St.

F 51750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 194-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henrietta Ehlendorf

If U. S. Veteran specify WAR No Record

(a) Residence: No. 36 W. 25th St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert F. Ehlendorf

6. DATE OF BIRTH (month, day, year) Sept 17, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

9. Date deceased last worked at this occupation (month and year) X

10. Total time (years) spent in this occupation X

11. BIRTHPLACE (city or town) (State or country) Ger. or N.Y.

12. NAME Robert Cunningham

13. BIRTHPLACE (city or town) (State or country) N.Y.

14. MAIDEN NAME Sarah Robinson

15. BIRTHPLACE (city or town) (State or country) Ger. or N.Y.

16. INFORMANT Albert F. Ehlendorf

(Address) 36 W. 25th St.

17. BURIAL, CREMATION, OR REMOVAL Forkwood Nov 7th 1938

18. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

19. FILED NOV 7 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. O.K. 9.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10-29-1938

Where did injury occur? At May Co

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Knocked down by Automobile

Nature of injury Fracture of L. Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D. Coroner

(Address) 1216 Hanover

51

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 51751

CERTIFICATE OF DEATH

74

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Mercy Hospital St. 11-2 Ward)

of residence in city or town where death occurred 15 yrs. 1 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Nora Tracy

If U. S. Veteran specify WAR

(a) Residence: No. 104 W. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 17, 1893

Years	Months	Days	If LESS than 1 day, hrs. or min.
5 yrs.	1	20 M	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Health Dept.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore ?

NAME Hugh Tracy

BIRTHPLACE (city or town) (State or country) Pennsylvania

MAIDEN NAME Mary Caffery

BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Nora Tracy
(Address) 104 W. Eager St.

BURIAL, CREMATION, OR REMOVAL
Place Mary's Cemetery W. Elizabethtown Pa. Date Nov 7th 1938

UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED NOV 7 - 1938 Huntington Millinocket, Me.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Nov. 6, 1938

I last saw her alive on Nov. 6, 1938 Death is said to have occurred on the date stated above, at 1:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycythemia Vera	4 yrs.
Other contributory causes of importance: Gastric Hemorrhage	10/28/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Schaefer, M. D.
(Address) Mercy Hospital

52 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 51752

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No.

OF BALTIMORE: (No. Balto. City Hospitals St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Erdelle Taliaferra (37989)

If U. S. Veteran specify WAR

a) Residence: No. 1639 E. Madison St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Divorced

(married, widowed, or divorced) HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) March 14, 1903

Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME William Smith

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Ella Johnson

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

The Sterene Cem. Date 11-7 1938

UNDERTAKER Adolphus Halstead

(Address) 616 Druid Hill Ave.

Registered 11-7-1938 Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1938 to November 4, 1938

I last saw her alive on November 4, 1938 Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

3 E 51753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 38215 (M) 95-3

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

life

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Albert

ULL NAME Edward Nixon

If U. S. Veteran specify WAR .....

(a) Residence: No. 34 S. Bond Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	Black	Married

married, widowed, or divorced USBAND of) WIFE of Virginia

E OF BIRTH (month, day, year) 2/19/1908

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	8	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher&Evangelist

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1018

Date deceased last worked at this occupation (month and year) | 14. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Maryland

NAME William

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Maine ?

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT City Hospital Records

(Address)

URIAL, CREMATION, OR REMOVAL Original Mom. Date Nov. 9 1938

NDERTAKER Adolphus Halstead

(Address) 710 Druid Hill Ave.

ILED 11/7/38 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 20 1938 to November 4 1938

I last saw him alive on November 4, 1938. Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertonic cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. C. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51754

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Balto. General Hospital

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

FULL NAME Helen Marie Leichling

(a) Residence: No. 108 E. Clement St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 20, 1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME John Leichling

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Heln Forrester

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT John Leichling

(Address) 108 E. Clement St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 8 1938

UNDERTAKER Margaret G. Flynn

(Address) 1432 Brandt St.

Huntington Williams, Nurse

FILED

7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (saw the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) that said deceased came

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. R. Keller M. D.

(Address) 2757 W. N. Ave

51755 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51755

CERTIFICATE OF DEATH

93-C

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 915 Argyle ave St.) 17-6 Ward)

of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Rev Geo F Cole

(a) Residence: No. 915 Argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

married, widowed, or divorced
HUSBAND of
or) WIFE of unknown

E OF BIRTH (month, day, year) 3-1866

Years	Months	Days	If LESS than 1 day hrs. or min.
72	8	-	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Evangelist

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Granville N.C.

NAME Wm. Cole

BIRTHPLACE (city or town) (State or country) N.C.

MAIDEN NAME Eliza Richardson

BIRTHPLACE (city or town) (State or country) N.C.

FORMANT Sarah E Lloyd

(Address) 915 Argyle Ave

RIAL, CREMATION OR REMOVAL

Place Mt. Calvary Date 11/7 '38

NDERTAKER Williams & Jackson

(Address) 916 Penna Ave

NOV 7 - 1938 Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1938 to Nov 4 1938

I last saw him alive on Nov 4 1938 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis May 1936

Other contributory causes of importance

Arteriosclerosis

M

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? M

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo F Cole M. D.

(Address)

51756

HEALTH DEPARTMENT—CITY OF BALTIMORE

51756

CERTIFICATE OF DEATH

38355 (VB) 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Baltimore City Hospitals St., 18-1 Ward)

40?

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

ULL NAME Susie Posque

(a) Residence: No. 821 Vine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Married

...married, widowed, or divorced
...USBAND of Charles
...) WIFE of

TE OF BIRTH (month, day, year) 5/24/1886

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	5	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

. NAME Elijah Butler (d)

. BIRTHPLACE (city or town) Unknown
(State or country)

. MAIDEN NAME Mary Frazier (d)

. BIRTHPLACE (city or town) Md.
(State or country)

NFORMANT City Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 11/8 19 38

UNDERTAKER Williams & Jackson
(Address) 916 Penna Ave

FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1938, to November 4, 1938.

I last saw h... alive on November 4, 1938. Death is said to have occurred on the date stated above, at 10:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-1-38
Other contributory causes of importance Cerebral Hemorrhage	Feb 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. C. DeSautelle, M. D.

(Address) Baltimore City Hospitals

7 - 1938 Huntington Williams, Mgr

57

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51757

CERTIFICATE OF DEATH

158

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 115 Riverside Rd. St. 25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Lawrence W. Leisner

(a) Residence: No. 115 Riverside Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 14, 1938

AGE. Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Clarance Leisner

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Nellie Rossiter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Nellie Leisner

(Address) 115 Riverside Rd.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Nov 7 1938

UNDERTAKER E. Schloman & Son

(Address) 1039 Hanover St.

Huntington Williams, Asst Registrar

7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 5, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

1758 F 51758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 35-134-B

PLACE OF DEATH

OF BALTIMORE: (No. Provident Hospital St. 1 - 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Viola Washington

If U. S. Veteran specify WAR .....

a) Residence: No. 731 Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

(If married, widowed or divorced) HUSBAND of or WIFE of George Washington

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charleston S. C.

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Sara Reed

BIRTHPLACE (city or town) (State or country) Charleston S C

INFORMANT Robert Malone

(Address) 602 Bruce St

BURIAL, CREMATION, OR REMOVAL

Place Mt - Zion Date Nov 8, 1938

UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

FILED - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1938, to 11-4, 1938

I last saw h[illegible] alive on 11-4, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pelvic Peritonitis	10/26/38

Other contributory causes of importance

Was an operation performed? Yes Date of Oct. 29, 1938

For what disease or injury? Pelvic abscess

Name of operation Posterior colpotomy

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. L. Ackroyd, M. D.

(Address) Provident Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 51759

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Balto. City Hospitals St. 18-K Ward)

of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Wilbur Leath (38325)

(a) Residence: No. 507 Carlton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	Colored	Single

married, widowed, or divorced
USBAND of
e) WIFE of

E OF BIRTH (month, day, year) ??

Years	Months	Days	If LESS than 1 day, hrs. or min.
22			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penn.

NAME Harrison (D)

BIRTHPLACE (city or town) (State or country) ??

MAIDEN NAME Jennie Tatum (D)

BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov. 8th 1938

UNDERTAKER Chas. O. Wilson
(Address) 1012 Pennsylvania Ave.

NOV 7 - 1938 Huntington Williams, Agt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1938 to November 4, 1938

I last saw him alive on November 4, 1938. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	May 1937 ?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

1760 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51760

CERTIFICATE OF DEATH

93-C

LACE OF DEATH

Registered No.

OF BALTIMORE: (No. 2014 E. North Ave. St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

about 50Yrs.

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME Rosa Riedel

Veteran specify WAR

(a) Residence: No. 2014 E. North Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

married, widowed, or divorced

USBAND of or) WIFE of wife of Anton Riedel

E OF BIRTH (month, day, year) Sept.-2-1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
8Yrs.	2Mo.	2Deys	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Germany

NAME John Fischer

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Anton Riedel

(Address) 2014 E. North Ave.

URIAL, CREMATION, OR REMOVAL Nov.-8-1938

Place Holy Cross Cem. Date Brooklyn, 19

NDERTAKER Henry Utsch & Sons Inc.

(Address) 1301 E. Eager St.

Huntington Williams, M.D.

Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.-4-1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 38 to Nov 4 19 38

I last saw h. gr alive on Nov 4 19 38 Death is said to have occurred on the date stated above, at 10.50 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Arteriosclerosis, Hypertension & Myocarditis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Julius A. Schmuck M. D.

(Address) 1337 S. Charles St.

761

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51761

CERTIFICATE OF DEATH

✓ 95-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 642 W. Lombard St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anthony Abromaitis

If U. S. Veteran specify WAR

(a) Residence: No. 642 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	single

Married, widowed, or divorced
(HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 13, 1856

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Lithuania Europe

NAME Andrew Abromaitis.

BIRTHPLACE (city or town) (State or country) Lithuania Europe

MAIDEN NAME Unknown.

BIRTHPLACE (city or town) (State or country) Lithuania Europe

INFORMANT Stephen Abromaitis

(Address) 2845 Lafayette Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer. Date Nov. 8 1938

UNDERTAKER Joseph Kaminskas Inc.

(Address) 2121 Washington Blvd.

Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938 to Nov 4, 1938

I last saw h(e)(er) alive on Nov 4, 1938. Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	1934
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Edward F. Mulcahy M. D.

(Address) 682 WASHINGTON BLVD

F 51762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 756 Vine St., 4-2 Ward)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.)

If U. S. Veteran specify WAR.

FULL NAME Arthur Grason

(a) Residence: No. 756 Vine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamboat

11. Total time (years) spent in this occupation Life

8. Date deceased last worked at this occupation (month and year) ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Grason

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mary Grason

(Address) 756 Vine St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date 11/7/38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 323 N. Schroeder St. Huntington Hillcrest, Md

Registered

V7-1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 days
Other contributory causes of importance: Chr Cardeo Vascular Disease	6 mos.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical history Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Michael A Abrams M. D.

Coroner

(Address) 2360 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51763

CERTIFICATE OF DEATH

V 93-C

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2332 Etting St. 14 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie Green

If U. S. Veteran specify WAR

(a) Residence: No. 2332 Etting St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

married, widowed, or divorced HUSBAND of (or) WIFE of William Green

DATE OF BIRTH (month, day, year) 1880

Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

NAME Dallas Clyson

BIRTHPLACE (city or town) (State or country) St Mary's Co

MAIDEN NAME Theresa Cooper

BIRTHPLACE (city or town) (State or country) St Mary's Co

INFORMANT (Address) William Green 2332 Etting St.

BURIAL, CREMATION, OR REMOVAL Place St Peters entry Nov 9 1938

UNDERTAKER (Address) V. J. Brooks. 1463 N. Carey St Huntington Williamsport, Md

FILED 1938

NOV 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938 to Nov 5, 1938

I last saw h[illegible] alive on Oct 4, 1938. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	10/26/38
Chr Myocarditis	1937
Other contributory causes of importance:	
Arterial Sclerosis	1933

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas T. Chenoweth M. D.

(Address) 3013 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51764

CERTIFICATE OF DEATH

PLACE OF DEATH

OF BALTIMORE: (No. Provident Hospital 15-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Young

If U. S. Veteran specify WAR

(a) Residence: No. 1503 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Young

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
73 Yrs			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

NAME OF FATHER Somerville Young

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Elizabeth Young

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Hortense Roberts

(Address) 1108 Glendenning St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Nov 9 1938

UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St

FILED 19 Huntington Mortuary, Inc.

NOV 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5- , 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-23-38 19 , to 11-5- , 1938

I last saw him alive on 11-5-38 19 Death is said to have occurred on the date stated above, at 4.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous Nephritis	?
Other contributory causes of importance: Lobar Pneumonia	13 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. T. Maloney M. D.

(Address) Provident Hospital.

1765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

F 51765

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2112 Orleans St., 6-3 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Augustus (Matt) Matthias

If U. S. Veteran specify WAR

(a) Residence: No. 2112 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Ellen Matthias

DATE OF BIRTH (month, day, year) July 11 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	23 24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Matthias

BIRTHPLACE (city or town) (State or country) Baltimore

MAIDEN NAME OF MOTHER

BIRTHPLACE (city or town) (State or country)

INFORMANT Ellen Matthias

(Address) 2112 Orleans St

BURIAL, CREMATION, OR REMOVAL

Place Pine Lethwood Date Nov 7 1938

UNDERTAKER Philip Henry Ford

(Address) 2016 Orleans St

NOV 7 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8 1937 to Nov. 4 1938

I last saw him alive on Nov. 4 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carditis, sarcoma	6/1/38
Other contributory causes of importance: chronic myocarditis, hypertension, chr. nephritis	9/1/37 ?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Bibbal M. D.

(Address) 447 N. Kenwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 38184 B 54766

CERTIFICATE OF DEATH

✓ 82-a

PLACE OF DEATH

Registered No.....

Y OF BALTIMORE: (No. Balto. City Hospt. St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 54 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward Louis Kroedel

If U. S. Veteran specify WAR

(a) Residence: No. 1509 Aisquith st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
E	White	Married

married, widowed, or divorced HUSBAND of WIFE of Maggie (Scheeler)

TE OF BIRTH (month, day, year) 6-12-1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tool Room Attendant

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

. NAME Augusta Kroedel

. BIRTHPLACE (city or town) Germany
(State or country)

. MAIDEN NAME Louisa Konow

. BIRTHPLACE (city or town) Germany
(State or country)

FORMANT B. C. H. Records
(Address)

URIAL, CREMATION, OR REMOVAL

Place London Park Date 11/7/38 19

NDERTAKER George Zell with Inc.

(Address) 1735 Harford Ave.

NOV 7 - 1938 19 Registrar.

GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1938 to November 4, 1938

I last saw h[illegible] alive on November 4, 1938. Death is said to have occurred on the date stated above, at 2.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-19-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Shazo M. D.

(Address) Baltimore City Hospitals

767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51767

CERTIFICATE OF DEATH

82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1633-E. North Ave. St., ... Ward)

h of residence in city or town where death occurred ... life ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR no

ULL NAME Mary L. Jenkins

(a) Residence: No. 1633-E. North Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widow

Married, widowed, or divorced
USBAND of
r) WIFE of Frank T. Jenkins

E OF BIRTH (month, day, year) 3/12/1861

Years	Months	Days	If LESS than 1 day ~~HOURS~~ or ... min.
77	7	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore, Md.
(State or country)

NAME James Duff

. BIRTHPLACE (city or town) Ireland
(State or country)

. MAIDEN NAME Margaret (Murphy)

. BIRTHPLACE (city or town) Ireland
(State or country)

FORMANT J. Walter Jenkins

(Address) 1600-N. Caroline Street

URIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/8/38 19

NDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

Huntington Millwood, Md.
Registrar

ILED NOV 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov- 4 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1938 to Nov 4 . 1938

I last saw h[illegible] alive on Nov 4 . 1938 Death is said to have occurred on the date stated above, at 4 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 28 38
Other contributory causes of importance Edema of Lungs	Nov 4-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

Wenzel

F 51768

768 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 207 AM

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George W. Wenzel

If U. S. Veteran specify WAR

(a) Residence: No. 3027 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

f married, widowed, or divorced
HUSBAND of (~~Wife of~~) Katherine Wenzel

ATE OF BIRTH (month, day, year) Feb. 22, 1862

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rolling Mill
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Bernhardt Wenzel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie E. Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Verona E. Hagen

(Address) 3027 E. Monument St

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 8, 1938

UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 801-3 N. Fayette St

Huntington Williams, Mgr. Registrar

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures of body	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None. Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 11/5/, 1938

Where did injury occur? Penna. R.R. Yards Spring Gdns. Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Struck by a R.R. Train

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D.

Coroner

(Address) Coroner

1938

7769) # HEALTH DEPARTMENT—CITY OF BALTIMORE 51769

CERTIFICATE OF DEATH

92-a

Registered No. .....

PLACE OF DEATH Home for Incurables (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St. 43-7 Ward)

n of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Nellie Hopkins Sautmyer If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	White	widowed

...married, widowed, or divorced
...HUSBAND of
...or) WIFE of Clayton Sautmyer

...TE OF BIRTH (month, day, year) July 29, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

...RTHPLACE (city or town) (State or country) Easton, Md

...NAME Samuel Hopkins

...BIRTHPLACE (city or town) (State or country) Easton, Md.

...MAIDEN NAME Lucy Andrews

...BIRTHPLACE (city or town) (State or country) Baltimore, Md

...NFORMANT Home for Incurable Records
(Address)

...URIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov 9 1938

...NDERTAKER Wm. J. Ireland & Son
(Address) Huntington Millwood, Va.

...ed 1938 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from June ..... 1936, to Nov 7 1938
I last saw h[illegible] alive on Nov 6 ..... 1938. Death is said to have occurred on the date stated above, at 6.08 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Mitral stenosis and insufficiency	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Conrad Acton M. D.

(Address) Home for Incurables

51770

770 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No.

PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Saint Joseph Hospital Ward)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

n of residence in city or town where death occurred 69 11 mos 15 dys.

ULL NAME Mary L. Woerner

(a) Residence: No. 617 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

married, widowed or divorced
(USBAND of (or) WIFE of) William Woerner

TE OF BIRTH (month, day, year) Nov. 22, 1868

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME Michael Noellein

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Margaret Helthafer

BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Frieda Marie Laeger

(Address) 2547 Calverton Rd. Balto

URIAL, CREMATION, OR REMOVAL Nov. 9 1938

Place London Park Date

NDERTAKER Wm Fischer Sons

(Address) Hook & Pa. Aves.

Huntington Ridge, Md.

ED 9 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-2-38, 19..., to 11-6, 1938.

I last saw h[e] alive on 11-6 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar
Nephritis

Duration? 2 Mos?
"

Other contributory causes of importance Chronic Myocarditis
Cystitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. R. Turnpot M. D.

(Address) St. Joseph Hosp.

71 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51771

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2301 E. Preston St., 8-4 Ward)

of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Anna M. Wiegand

(a) Residence: No. 2301 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

Married, widowed, or divorced
(If WIFE of) (If HUSBAND of) Wm. Wiegand

DATE OF BIRTH (month, day, year) July 12, 1862

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Jersey City N.J.

NAME of father Peter Fritz

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME of mother Rose Schnitzer

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mrs. Henrietta Streckert Irvington N.J.

BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Nov. 7. 1938

Place

UNDERTAKER (Address) FRY SAUER & SONS. INC. Baltimore & Broadway.

FILED 19

7-1938 H. tin for Wilmer, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1938 to Nov 3 1938

I last saw her alive on Nov 3 1938 Death is said to have occurred on the date stated above, at 10:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Sept 5
Other contributory causes of importance: Bedridden & Respiratory Paralysis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical signs No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Kerner M. D.

(Address) 1201 N. Calvert St.

E 51772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

Y OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Howard McCormick

If U. S. Veteran specify WAR

(a) Residence: No. Route 11 - Raspeburg St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced

HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) Oct 13 - 1907

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	0	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist-helper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland

. NAME R. Howard McCormick

. BIRTHPLACE (city or town) (State or country) Md -

. MAIDEN NAME Sophie Hedeman

. BIRTHPLACE (city or town) (State or country) Md.

NFORMANT Reads -

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov. 7th 1938

UNDERTAKER Fred. Tassaha & Son

(Address) 740 Belair Rd.

1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 . 1938 to Nov. 6 . 1938

I last saw him alive on Nov 6 . 1938 Death is said to have occurred on the date stated above, at 2 45 D m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulonephritis	1933
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer H. Futcher . M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51773

CERTIFICATE OF DEATH

53-C

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

Y OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Samuel Hamilton

If U. S. Veteran specify WAR

(a) Residence: No. 237 Calvert St St., Ward Chesterton Md.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 2/21/03

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

ORTHPLACE (city or town) (State or country) Maryland

. NAME Samuel Hamilton Md

4. BIRTHPLACE (city or town) (State or country)

. MAIDEN NAME Julia Sommerville Md

6. BIRTHPLACE (city or town) (State or country)

NFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Chesterton Md. Date Nov. 8 '38

UNDERTAKER Harris & Williams

(Address) Chesterton Md.

FILED Huntington Williams, Mgr.

NOV 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938 to Nov. 6, 1938

I last saw him alive on Nov. 6, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Glioma (malignant)	1 yr.
Brain Tumor	

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 6, 1938

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Kenneth A. Cassell M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51774

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 417 Gale ave St. 20-8 Ward)

If of foreign birth? ..... yrs. ..... mos. ..... da. How long in U. S.

If U. S. Veteran specify WAR .....

FULL NAME Louis Miller

(a) Residence: No. 417 Gale ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

married—wife of husband of Margaret Miller

DATE OF BIRTH (month, day, year) June 28-1859

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr R E Campbell

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME Louis Miller

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Dont know

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Margaret Miller

(Address) 417 Gale ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 9 1938

UNDERTAKER Edgar F. Moran

(Address) 3664 Belair Rd

FILED Nov 11 1938 Huntington Williams, Registrar

11-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5/1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1938 to Nov 5 1938

I last saw him alive on Nov 5 1938. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Mitral.	
Other contributory causes of importance: acute dilatation of heart	11/3/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

11/7/38 (Signed) R E Campbell M. D.

(Address) 1644 Hanover St.

F 51775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6000 Belgrade St. Edgewood Sanitarium 27-8 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Julia Doyle

(a) Residence: No. 619 Holden Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color	5. Single, Married, Widowed, or Divorced (write the word)
W	Single

Married, widowed, or divorced — HUSBAND of (or) WIFE of 1865

DATE OF BIRTH (month, day, year) Oct 18-1864

Years	Months	Days	If LESS than 1 day, hrs. or min.
74		18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

NAME James Doyle

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Eliz. Nolan

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Chas. F. Doyle

(Address) 619 Holden Rd.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 11/8/ 1938

UNDERTAKER J. Wm. Moran & Sons

(Address) 1300 E. Baltimore St.

FILED Huntington Williamsburg, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5/1938

22. I HEREBY CERTIFY, That I attended deceased from March 14 1934 to November 5 1938

I last saw h alive on November 1 1938 Death is said to have occurred on the date stated above, 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1924
	(illegible)
	1934
	(illegible)
Other contributory causes of importance: Bronchopneumonia	10 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. D. Stafford, M. D.

(Address) 6210 York Road

7-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

51776

CERTIFICATE OF DEATH ✓ 160-2 F 51776

Registered No.

PLACE OF DEATH The Johns Hopkins Hospital St. B4-1 Ward)
(If death occurred in a hospital or institution give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St. ..... Ward)

... of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Baby Winpenny

(a) Residence: No. Warrington Apartment St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	wh.ic	Single

... married, widowed, or divorced
... HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, year) November 4, 1938

Years	Months	Days	If LESS than 1 day 17 hrs. or ... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) none | 11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

... NAME James Bolton Winpenny

... BIRTHPLACE (city or town) (State or country) New Jersey

... MAIDEN NAME Bernadine Oldfather

... BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT James Bolton Winpenny

(Address) Harrington Apt

BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Cem. Date Nov 8 1938

UNDERTAKER Henry H. Jenkins Sons & Co

(Address) 1624 Pennsylvania Ave

Filed Nov 7 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1938 to November 5, 1938.

I last saw him alive on November 5, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial injury	Nov 4
Prematurity	Birth

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Caroline Jackson, M. D.

(Address) The Johns Hopkins Hospital

77

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51777

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 Mosher St. 16-7 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran give WAR

FULL NAME Milton Parker Scott.

(a) Residence: No. 2932 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Scott.

DATE OF BIRTH (month, day, year) Jan. 17 1864.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	16	

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

14. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

15. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. Chicago. Ill.

BIRTHPLACE (city or town) (State or country)

1. NAME William.

2. BIRTHPLACE (city or town) (State or country) Prince Edward Island

3. MAIDEN NAME Emily R. Richardson

4. BIRTHPLACE (city or town) (State or country) Canada

INFORMANT Mrs. Mary E. Scott
(Address) 2932 Mosher St.

BURIAL, CREMATION, OR REMOVAL

By London Park Date 11/2/38, 19

UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.

NOV 7 - 1938 Huntington Millspaugh, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 12 30 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) O. Hann M. D.
Coroner

(Address) 1215 Hanover St.

1778

HEALTH DEPARTMENT—CITY OF BALTIMORE

51778

CERTIFICATE OF DEATH

PLACE OF DEATH Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 27-8 St. Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Joseph A. Hooper (Mary Stella)

If U. S. Veteran specify WAR None

(a) Residence: No. 6005 Ready Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph A. Hooper

TE OF BIRTH (month, day, year) October-25-1863

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	9 10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

. NAME John H Bash

. BIRTHPLACE (city or town) (State or country) Baltimore Md

5. MAIDEN NAME Charlotte Hayes

6. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

NFORMANT Mr. Henry M. Bash (brother)

(Address) 6005 Ready Ave

URIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Nov 18 38 19

UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED 19 H. Eugene Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/4/38, 1938, to 11/5, 1938

I last saw her alive on 11/5, 1938. Death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Mason Knox M. D.

(Address) Union Memorial Hosp

1938

K 3961

79 HEALTH DEPARTMENT—CITY OF BALTIMORE 51779

CERTIFICATE OF DEATH 93-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3404 E. Baltimore St. Ward)

th of residence in city or town where death occurred 77 yrs. 4 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Jane Colley

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3404 E. Baltimore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard J. Colley

7. DATE OF BIRTH (month, day, year) June 1, 1861

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	29	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER William Wheary

14. BIRTHPLACE (city or town) (State or country) Probably Balto. Md.

15. MAIDEN NAME OF MOTHER Josephine Gibson

16. BIRTHPLACE (city or town) (State or country) Probably Balto. Md.

17. INFORMANT Mr. Richard J. Colley (son)
(Address) 216 Argonne Drive, City

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore (Cem. Date Nov 9 1938

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Nov 6 1938

I last saw her alive on Nov 5 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Certain Selenile Cardiovascular disease Myocardial degeneration	
Other contributory causes of importance: Senile	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Jordan M. D.

(Address) 3400 E. Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

51780

CERTIFICATE OF DEATH

186-a F 51780

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. South Balto. General Hospital Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John Lewis

(a) Residence: No. 815 Bevan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

ATE OF BIRTH (month, day, year) 1884

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 7 1938 19

Commissioner of Health

UNDERTAKER

(Address)

Per Huntington Williams, M.D.

FILED NOV 7 - 1938 Registrar 4211

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) full that said deceased came
His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of Brain	
Lacerations of Head	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Date of injury Oct. 29 1938 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps in Home

Nature of injury 815 Bevan St

24. Was disease or injury in any way related to occupation of deceased? No If so, (Signed) [illegible] M. D.
Coroner

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

51781 F 51781

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 S Carolina St 3-1 Ward)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR.

FULL NAME Mary E Jones

(a) Residence: No. 423 S. Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Jones

6. DATE OF BIRTH (month, day, year) Sept 30 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Thomas Levitt

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Drusilla Young

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Drusilla Gibbs

(Address) 423 S Carolina St

BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL NOV 7 1938

Place Commissioner of Health

UNDERTAKER Per M. A. Moore

(Address)

FILED NOV 7 1938 Registrar.

7—1250 S 112

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitis	Aug 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George S. Allen M. D.

Coroner

(Address) 50 Davenport St

782 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51782

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No.

OF BALTIMORE: (No. 2763 Fenwick St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rose Bassalmeo

If U. S. Veteran specify WAR

a) Residence: No. 2763 Fenwick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow.

married, widowed, or divorced) HUSBAND of or) WIFE of John Bassalmeo

DATE OF BIRTH (month, day, year) August 15-1867

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

2. NAME Unknown

3. BIRTHPLACE (city or town) (State or country) Italy

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Geo. J. Bassalmeo (Son)

(Address) 1333 Gorsuch Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11-8-38 19

UNDERTAKER Leonard J. Rusk

(Address) 5305 Raleigh Rd.

FILED 1938 Huntington Williams, Nyt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938, to Nov. 6, 1938

I last saw h alive on Nov 5, 1938 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation.	1 mo
acute Pleurisy of Heart	3 hrs
Hypertension arteriosclerosis	1 mo
Diabetes Mellitus	1 mo
Other contributory causes of importance:	
Chronic Interstitial Nephritis	1 mo

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Urinalysis, Blood Chemistry, Autopsy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Storms M. D.

(Address) 2878 Hartford Rd

1783 HEALTH DEPARTMENT—CITY OF BALTIMORE 51783

CERTIFICATE OF DEATH

95-13

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 5218 York Road St., 27-4 Ward)

h of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME William B. Gordon

(a) Residence: No. 5218 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Gordon

TE OF BIRTH (month, day, year) May 4, 1871

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer-Steam Shovel

Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 25 yrs.

IRTHPLACE (city or town) (State or country) Baltimore Maryland

2. NAME James W. Gordon

3. BIRTHPLACE (city or town) (State or country) Richmond Virginia

5. MAIDEN NAME Elizabeth Lalor

6. BIRTHPLACE (city or town) (State or country) Maryland

NFORMANT Mrs. Eleanor G. Smith
(Address) 5218 York Road

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Nov. 9, 1938

NDERTAKER
(Address) Huntington Williams, Mgr.

1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/4 1938, to 11/6 1938

I last saw him alive on 11/5 1938. Death is said to have occurred on the date stated above, at 10.15A m.

The principal cause of death and related causes of importance are as follows:

	Duration
Cardiac decompensation	10/20/38
Arteriosclerotic Cardio-vascular disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Reier, M. D.
(Address) 6701 York Road

784

HEALTH DEPARTMENT—CITY OF BALTIMORE 51784

CERTIFICATE OF DEATH

X 100

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. West Baltimore Gen. Hospital St., 16 Ward)

(b) If not in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

(c) FULL NAME John William Wesley Hissey

If U. S. Veteran specify WAR .....

(d) Residence: No. 2028 Westwood Ave. St., Mosby Woodlawn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Male or Female	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

(If married, widowed, or divorced) (HUSBAND of (or) WIFE of) Marie B. Hissey

6. DATE OF BIRTH (month, day, year) Sept 14 1867

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Govt. House Baltimore, Md.

13. NAME OF FATHER John Hissey

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME OF MOTHER Amanda Amanda Shipley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT F. A. Taylor Supt.

(Address) West Baltimore Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Nov. 9 1938

19. UNDERTAKER C. H. Aurora

(Address) 1005 E. Baltimore St.

20. FILED Nov 9 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1938 to 11-7 1938

I last saw h[illegible] alive on 11-7 1938 Death is said to have occurred on the date stated above, at 10.45 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis of Mesenteric Vein in Pelvic Inflation — Date of onset 11-2-38

Other contributory causes of importance:

Was an operation performed? yes Date of 11-2-38

For what disease or injury? Ileus above

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Fred H. Boyon M. D.

(Address) West Baltimore General Hospital

1938

KRAKAU

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51785

CERTIFICATE OF DEATH

51785

94-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 625 N. Kenwood Ave. St., 7-1 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR.

FULL NAME August F. Krakau Sr.

(a) Residence: No. 625 N. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Emma C. Krakau

ATE OF BIRTH (month, day, year) July 22, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	14 13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder Building
8. Date deceased last worked at this occupation (month and year) 11/14/38
11. Total time (years) spent in this occupation 9

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.
10. NAME John Krakau
11. BIRTHPLACE (city or town) (State or country) Germany
12. MAIDEN NAME Emma Zeller
13. BIRTHPLACE (city or town) (State or country) Germany
14. INFORMANT Emma E. Krakau
(Address) 625 N. Kenwood Ave.
15. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov 8th 1938
16. UNDERTAKER Wm Cook
(Address) 1217 E Park St
Huntington Williams, N.Y.

NOV 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker M. D.
Coroner
(Address)

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a F 51786

51786

PLACE OF DEATH Hom[illegible] Hospital M E Church — Registered No.

Y OF BALTIMORE: (No. 2211 Rogue Ave St. 7 - 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Annie Emily.

(a) Residence: No. 2211 Rogue Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

(married, widowed, or divorced) HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) Feb 9 1870

6. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
68	8	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

2. NAME Annie Emily.

3. BIRTHPLACE (city or town) (State or country) Baltimore Md

4. MAIDEN NAME Annie Emily

5. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs B Frost

(Address) 2211 Rogue Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11 8 1938

UNDERTAKER J Wm Cook

(Address) 1219 W Lexington

FILED NOV 7 - 1938 Washington Boulevard, Agt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1938 to Nov 6 1938

I last saw her alive on Nov 5 1938. Death is said to have occurred on the date stated above, at 9 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy. Left Hemiplegia	
Myocarditis Senile	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo G. Shannon M. D.

(Address) 700 N. Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51787 — 47-F 51787

CERTIFICATE OF DEATH

PLACE OF DEATH — St. Agnes Hospital — Registered No. .....

OF BALTIMORE: (No. Wilkens and Fulton Aves St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ira Price Garrison — If U. S. Veteran specify WAR

(a) Residence: No. 2716 W. Baltimore Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Nannie Garrison

DATE OF BIRTH (month, day, year) Aug 30th 1879

6. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	2		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Screen Co

9. Date deceased last worked at this occupation (month and year) X — 10. Total time (years) spent in this occupation 12

11. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME OF FATHER John C. Garrison

13. BIRTHPLACE (city or town) (State or country) Geneva N.Y.

14. MAIDEN NAME OF MOTHER Phoebe P. Paul

15. BIRTHPLACE (city or town) (State or country) Balto Md.

16. INFORMANT Vernon R. Garrison
(Address) 2305 St. Lawrence Ave

17. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 8th 1938

18. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

19. FILED NOV 7 - 1938 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1938 to November 5, 1938

I last saw h[illegible] alive on November 2, 1938. Death is said to have occurred on the date stated above, at 1[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bronchus	?
Other contributory causes of importance: Carcinomatosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Daniel Geo. Deiner M. D.

(Address) St Agnes Hospital

1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

51788

CERTIFICATE OF DEATH

95-BF 51788

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Franklin Square Hosp. St. 26-7 Ward)

of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME Mrs. Mary Weber

a) Residence: No. 4611 Frankfort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married Widow

married, widowed, or divorced
USBAND of
or) WIFE of Jacob Weber

TE OF BIRTH (month, day, year) Dec 12. 1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Johann Bader

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Dorothea Dorfler

. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Emory L. Moe Domiciled
(Address) 611 Frankfort Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/7 38

NDERTAKER Wm Cook & Son
(Address) 1919 E. Fayette St

OVED to

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6- , 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-4 , 1938, to 11-6 , 1938

I last saw Rev alive on 11-5 , 1938 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	11-1-38
c decompensation	
c congestion of liver	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, (Signed) W Battaglia, M. D.
(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#33466

51789

CERTIFICATE OF DEATH

10-a-F 51789

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto. City Hospitals St., 13-7 Ward)

h of residence in city or town where death occurred 18 yrs. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR

FULL NAME Agnes Hope

(a) Residence: No. (no home) 40th and Keswick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Home for Incurables

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 1/6/1893

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
5	45	9	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Ga.

. NAME Solomon

. BIRTHPLACE (city or town) (State or country) Ga.

. MAIDEN NAME Agnes Welch

. BIRTHPLACE (city or town) (State or country) Ga.

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL Place Macon Ga Date Nov 7 38

NDERTAKER Duncan Cook
(Address) 1219 Sx Bell Place

FILED Nov 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 18 1938 to November 5 1938.

I last saw her alive on November 5 1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-29-38
Other contributory causes of importance: Chronic arthritis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Lautlle M. D.

(Address) Baltimore City Hospitals

HYATT

HEALTH DEPARTMENT—CITY OF BALTIMORE

51790 F 51790

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Leased dwelling (No. 2 Stromingdale St., 6-0 Ward)

Y OF BALTIMORE: (No. 2 Stromingdale St., 6-0 Ward)

th of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Thomas M. Hyatt

(a) Residence: No. 2105 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie E. Hyatt

ATE OF BIRTH (month, day, year) March 21 1873

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Insurance Agent

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Frederick County

10. NAME Father Unknown

11. BIRTHPLACE (city or town) (State or country) Frederick Md

12. MAIDEN NAME Jane Saal

13. BIRTHPLACE (city or town) (State or country) unknown

14. INFORMANT Andy Hyatt

(Address) 2711 Edgewood Rd

15. BURIAL, CREMATION, OR REMOVAL Date Nov 9 38

Western Cemetery

16. UNDERTAKER William Cobb

(Address) 1124 St Paul Street

17. D. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased alive, held an (Inquest, Autopsy or Inquiry) on the

(Inquest, Autopsy or Inquiry) And that said deceased came death on the day stated above. 5:30 pm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Kaufman M. D. Coroner

(Address) 12 E Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

51791

CERTIFICATE OF DEATH

93-2 F 51791

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 W. North ave St. 15-6 Ward)

...th of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

If U. S. Veteran specify WAR

FULL NAME Emma Frances Wiley

(a) Residence: No. 3013 W North ave, St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 16 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	0	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Clark Co. Va.

10. NAME Edward Hart

11. BIRTHPLACE (city or town) (State or country) Clark Co Va

12. MAIDEN NAME Mary Lide

13. BIRTHPLACE (city or town) (State or country) Clark Co. Va.

14. INFORMANT Frances M Wiley

(Address) 3013 W North Ave.

15. BURIAL, CREMATION, OR REMOVAL

Place Berryville Va Date Nov 10 38

16. UNDERTAKER Strund & Funk

(Address) 1907 Edmondson ave

17. Date 1938 Huntington Williams, Agt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 1215 Fawn ...

BATEMAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

51792

CERTIFICATE OF DEATH

93 E 51792

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 W. Biddle St. 17-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR)

FULL NAME Robert Bateman

(a) Residence: No. 537 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Kate Bateman

DATE OF BIRTH (month, day, year) June 29 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soap

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Markdale Canada

13. NAME OF FATHER Bateman

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME OF MOTHER [illegible]

16. BIRTHPLACE (city or town) (State or country) Canada

INFORMANT (Address) Elizabeth Bateman 537 W. Biddle St.

BURIAL, CREMATION, OR REMOVAL Place Wesley Cemetery Date Oct 9 1938

UNDERTAKER Bernard C. Finke

(Address) Huntington Maryland

Oct 7 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 6 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 125 Harrison St

6

Schalitzky

HEALTH DEPARTMENT—CITY OF BALTIMORE

51793

CERTIFICATE OF DEATH

50 F 51793

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 2014 W. Fenny St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Mary Christina Schalitzky

If U. S. Veteran specify WAR

(a) Residence: No. 2014 W. Fenny St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Frank L. Schalitzky

6. DATE OF BIRTH (month, day, year) Nov. 17 - 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Cayle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Annie Stumpf.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frank L. Schalitzky

(Address) 2014 W. Fenny St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 9 38

19. UNDERTAKER George L. Lohmeyer.

(Address) 2101 Frederick Ave

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938 to Nov 6, 1938

I last saw her alive on Nov. 6, 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of st	6 mos
Cause	2 days

Other contributory causes of importance:

acute myocardial failure

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave

7 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51794

95-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Potomac St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR

FULL NAME Kate Hart

(a) Residence: No. 611 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Charles F. Hart

6. DATE OF BIRTH (month, day, year) Sept 11th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph L. White

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Frances (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Howard Hart

(Address) 3205 Pacific Line

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 9th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 8-1938 Huntington Williamson, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15th 1938 to Nov 6th 1938

I last saw her alive on Nov. 6th 1938. Death is said to have occurred on the date stated above, at 4th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Cardiac Disease	Nov. 4 '38
Coma.	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Kirk M. D.

(Address) 3126 Harford Rd

95 # HEALTH DEPARTMENT—CITY OF BALTIMORE 51795

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1019 Brentwood St. 10-1 Ward)

th of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Agnes Tenley.

(a) Residence: No. 1019 Brentwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widow

married, widowed, or divorced
HUSBAND of
or) WIFE of William A Tenley.

TE OF BIRTH (month, day, year) Feb 19. 1863

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

IRTHPLACE (city or town) (State or country) Balt Md

. NAME Agnes Bauer

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Bodine (Hermann)

. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT (Address) Edward F Tenley 1019 Brentwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Carlton Date 11-4 19 38

UNDERTAKER (Address) Wm C Fowler 1212 E Fayette St

FILED Nov 8-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 . 19 38

22. I HEREBY CERTIFY, That I attended deceased from 8/11/38 to 11/6/38

I last saw h alive on 11/5/38 Death is said to have occurred on the date stated above, at 5:30 AM

The principal cause of death and related causes of importance were as follows:

	Duration
Arteriosclerosis	5/11/38
Hypertension	"
Chronic nephritis	"

Other contributory causes of importance

Cerebral Hemorrhage	10/23/38
Cardiac insufficiency	11/4/38

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo A. Bowden M. D.

(Address) 1517 E. Northern

F 51796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH Franklin Sq. Hosp. 23-2
OF BALTIMORE: (No. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lena Cunningham

(a) Residence: No. 1042 (1043) So. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

No Ward Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F	W.	M

married, ~~widowed, or divorced~~
(~~HUSBAND~~ or) WIFE of Thomas Cunningham

6. DATE OF BIRTH (month, day, year) Nov 2nd 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

10. NAME Henry Bell

11. BIRTHPLACE (city or town) (State or country) Md

12. MAIDEN NAME Lee Kingman

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Thomas Cunningham, Va

(Address) 1043 S. Charles St.

15. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov 10th 19 38

16. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St.

NOV 8 - 1938

FILED 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1938 to Nov. 7, 1938

I last saw her alive on Nov. 7, 1938 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar (R. base)	

Other contributory causes of importance:

Chronic cholecystitis
Pyelitis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Friedman, M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 51797

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1403 Hull St. 24-1 Ward)

h of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Stella Wroblewska

(a) Residence: No. 1403 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wroblewski

7. DATE OF BIRTH (month, day, year) November 1, 1894

8. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
44		4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 007

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Poland

11. NAME Paul Grochowski

12. BIRTHPLACE (city or town) (State or country) Poland

13. MAIDEN NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. INFORMANT John Wroblewski. Husband
(Address) 1403 Hull Street

16. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 8 1938

17. UNDERTAKER John M. Weber
(Address) 401 S. Chester St.

18. FILED Nov 8-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1938 to Nov 4, 1938

I last saw her alive on Nov 4, 1938 Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 4/38
Arterial Hypertension	
Right Hemiplegia	

Other contributory causes of importance:
Chr. Interstitial Nephritis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) J. H. Bazzano, M. D.

(Address) 436 E Fort Ave

F 51798

98 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 213-F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1-2 Ward)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.)

If U. S. Veteran (specify WAR)

FULL NAME Jan Meszynski

(a) Residence: No. 520 S. Streeper St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of Agnes Meszynski

6. DATE OF BIRTH (month, day, year) June 4 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Industry.

9. Date deceased last worked at this occupation (month and year) Aug 23 38

10. Total time (years) spent in this occupation Life

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Michael Meszynski

13. BIRTHPLACE (city or town) (State or country) Poland

14. MAIDEN NAME Katherine Kowalewski

15. BIRTHPLACE (city or town) (State or country) Poland

16. INFORMANT Mrs Agnes Meszynski

(Address) 520 S. Streeper St

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary (con Nov 9 1938

18. UNDERTAKER John F. Weber

(Address) 401 N. Chester St

Hunting & Fallon, Agts.

Registrar

FILED 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	2 days
Sub Acute Arachnoiditis	10 weeks

Other contributory causes of importance:

Fractured Skull	10 weeks

Was an operation performed? Yes Date of Aug Sept or Oct '38

For what disease or injury? Fractured Skull

Name of operation Ventriculotomy, Decompression, etc Date of Oct 38

What test confirmed diagnosis? Clinical History Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 23, 1938

Where did injury occur? Maryland Dry Dock Co Str Kelly Jansen

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from ladder onto hold of boat

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify as in # 23

(Signed) Michael S. Abrams, M. D.

(Coroner)

(Address) 2360 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51799

CERTIFICATE OF DEATH

210-M

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. City Hospital St., 11-4 Ward)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Raynor Claybourn or Claibourne

(a) Residence: No. 333 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Lekoah Claybourn C.

ATE OF BIRTH (month, day, year) March 11, 1898

GE Years	Months	Days	If LESS than 1 day, hrs. or min
40	7	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME H. Claybourn C

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sally Robertson

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Lekoah Claybourn C
(Address) 333 W. Preston St.

BURIAL, CREMATION, OR REMOVAL Date Nov 1938

Loc. TON. Va

UNDERTAKER Adolphus Halstead
(Address) 918 E. Lanvale St.

Huntington Williams, Nyt

FILED 8-1938

Registrar

GPG.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Date of injury Nov. 5, 1938 . 19

Where did injury occur? Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Collision of Two(2) Autos on North Rd. Rd. & German Hill Rd.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. R. Coulbourn M. D.
Coroner

(Address) 223 [illegible]

Ba. Health -

00 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51800

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3139 Cuttenton Place Ward)

th of residence in city or town where death occurred 52 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Elizabeth B. Bayley

If U. S. Veteran specify WAR .....

(a) Residence: No. 3139 Cuttenton Place Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow.

married, widowed, or divorced HUSBAND of (or) WIFE of Peter F. Bayley.

TE OF BIRTH (month, day, year) Dec 26, 1854.

E Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
83	10	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

IRTHPLACE (city or town) (State or country) W. Va.

. NAME James Lambert.

. BIRTHPLACE (city or town) (State or country) W. Va.

. MAIDEN NAME Jane ?

. BIRTHPLACE (city or town) (State or country) W. Va.

NFORMANT Mr. Riley S. Newcomer

(Address) 3139 Cuttenton Place

URIAL, CREMATION, OR REMOVAL

Lorraine Cem. Date Nov 9, 1938

NDERTAKER Chenoweth Son

(Address) 3615 Chelsea Ave

ILED ..... 19 Huntington Publishing Co.

8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19..., to Nov 5, 1938

I last saw her alive on Nov 5, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disorder Metabolism	
Myocardial Failure	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F. W. Gelbs M. D.

(Address) 1800 N. Charles St

Le Machine

1801 HEALTH DEPARTMENT—CITY OF BALTIMORE 1801

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 W 36th St. St. 13-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Gladys E. Waster.

(a) Residence: No. 718 W 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Kenneth L. Waster.

6. DATE OF BIRTH (month, day, year) June 18, 1914.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) md.

10. NAME Andrew J. Tawney.

11. BIRTHPLACE (city or town) (State or country) md.

12. MAIDEN NAME Margaret J. Horner.

13. BIRTHPLACE (city or town) (State or country) md.

14. INFORMANT Kenneth L. Waster.

(Address) 718 W 36th St

15. BURIAL, CREMATION, OR REMOVAL Parkwood. Date Nov 9, 1938

16. UNDERTAKER Thanower & Son.

(Address) 3615-17 Christmas Ave

FILED 1938 Huntington Williams Nov 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1937 to Nov. 6, 1938

I last saw her alive on Nov. 6, 1938. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Dilatation	Nov 5 1938
Other contributory causes of importance:	
Endocarditis	
Vital Regurgitation	Oct 1937

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H Hanselman, M. D.

(Address) 4037 Falls Road

2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51802

CERTIFICATE OF DEATH

59

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Platt

(a) Residence: No. 3402 Auchentoroly Terrace Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan Platt

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ellis

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Pauline Platt

(Address) 3402 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Windsor Mill Rd 11-7- 38

19. UNDERTAKER Isaac Levin Inc

(Address) 1421 E. Baltimore St

Huntington Williams, Mgr.

FILED 11-8-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7- 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

attached to said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Cellulitis Jaw	

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken M. D.

Coroner

(Address) Coroner

8-1938

F 51803

1803 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 30 W. Biddle St. St. 11-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Minnie Franklin

(a) Residence: No. 30 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of August

6. DATE OF BIRTH (month, day, year) 0 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (10)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Hafke 30 W. Biddle St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Paul Cem. Date Nov. 8 1938

19. UNDERTAKER Stephen J. Figlkowski, Nolls

(Address) 1000 S. Eastwood ave.

20. FILED 8-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) Edward W. Wolfe, M. D.

Coroner

(Address) 1231 E. North Ave

Lucretia Diggs

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51804

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 339 E 21 1/2 St. (or) 12-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Lucretia Diggs

(a) Residence: No. 339 E 21 1/2 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Diggs

7. DATE OF BIRTH (month, day, year) Dec 28 1886

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	6	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME of mother

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mable Blair

(Address) 1164 W 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Laughlen-Dale Date Nov-8 1938

19. UNDERTAKER Mrs. M. C. Elliott Daughter

(Address) 1129 N. Carrollton Ave

20. FILED NOV 8-1938 Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Nov 4 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , If

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 1 E Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51805

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 S. Exeter St. 3-2 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? 38 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Joseph Drusano

(a) Residence: No. 211 S. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Angeline

DATE OF BIRTH (month, day, year) March 16 1881

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Food

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

8. NAME OF FATHER Gerard Drusano

9. BIRTHPLACE (city or town) (State or country) Italy

10. MAIDEN NAME OF MOTHER Mary ?

11. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Louis Drusano

(Address) 326 S. Eastern Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 9 1938

UNDERTAKER M. Dippel & Son

(Address) 37 S. Conkling St.

FILED Nov 8 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1938 to Nov. 6 1938

I last saw him alive on Nov. 6, 1938. Death is said to have occurred on the date stated above, at 3 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	11/5/38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Anthony [illegible] M. D.

(Address) 5217 York Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1806 F 51806

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 1101 Gorsuch Ave St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice E Ellis

If U. S. Veteran specify WAR

(a) Residence: No. 1101 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Jan 16 1880

E Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

2. NAME William H Ellis

3. BIRTHPLACE (city or town) (State or country) Baltimore Md

5. MAIDEN NAME Katherine Shoulder

6. BIRTHPLACE (city or town) (State or country) Baltimore Md

NFORMANT Mrs Mary B Buck

(Address) 1101 Gorsuch ave

URIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 8, 1938

UNDERTAKER William J. Marecek

(Address) 715 Lisbon St

ILED Nov 8 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1938

22. I HEREBY CERTIFY That I attended deceased from October 1 1938 to Nov 4 1938

I last saw her alive on Nov 4 1938 Death is said to have occurred on the date stated above, at 6 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Nov 1-38
Chronic Nephritis	

Other contributory causes of importance:

Pneumonia Lobular Middle Lung
Cerebral Arteriosclerosis - Cerebral Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Leyton M. D.

(Address) 1566 N. Milton Ave

8-1938 GHG

HEALTH DEPARTMENT—CITY OF BALTIMORE 51807

CERTIFICATE OF DEATH

PLACE OF DEATH Maryland General Hospital

OF BALTIMORE: (No. ..... St., 25-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mrs Catharine L. Ford

(a) Residence: No. 444 Patapsco Ave St., Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	White	Married

...married, widowed, or divorced) HUSBAND of (or) WIFE of Thomas J. Ford

DATE OF BIRTH (month, day, year) July 26 1885

AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	3	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Charles B. Miller

BIRTHPLACE (city or town) (State or country) Pennsylvania

MAIDEN NAME Lea Connor

BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Thomas J. Ford

(Address) 444 Patapsco Ave, Balto. Md

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 9, 1938

UNDERTAKER William H. Marsch

(Address) 715 Light St

FILED Nov 7 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1938, to 11-6, 1938

I last saw her alive on 11-5, 1938. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Adenoma of Thyroid	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-29-38

For what disease or injury? Toxic Adenoma of Thyroid

Name of operation Thyroidectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clark Fentonangeli Jr M. D.

(Address) Maryland Gen'l Hospital Baltimore, Md.

78-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51808

CERTIFICATE OF DEATH

92-a

Registered No.

PLACE OF DEATH U.S. Marine Hospital

OF BALTIMORE: (No. 27-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Carl Paul Ulrich

If U. S. Veteran specify WAR WW

(a) Residence: No. 3208 Chesley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Henrietta Himler

DATE OF BIRTH (month, day, year) Dec. 24, 1892

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Operator

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1-20-38

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER'S NAME William H. Ulrich

FATHER'S BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER'S MAIDEN NAME Matilda Hersch

MOTHER'S BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL
Place Balto National Date Nov 9th 1938

UNDERTAKER John Ullrich & Sons
(Address) 2115 Allens

FILED NOV 8 1938 Huntington Millington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1938 to November 7, 1938

I last saw him alive on November 7, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular, mitral insufficiency, rheumatic	July '38
Endocarditis, acute, bacterial	Oct. '38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PM Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) T. M. H. a dunn M. D.
(Address) U.S. Marine Hospital

B 4268-9

E 51809

(09) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 Homestead St., G-5 Ward)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cora Hohman

(a) Residence: No. 1345 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad Hohman

6. DATE OF BIRTH (month, day, year) Aug 5. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Spiegel

14. BIRTHPLACE (city or town) (State or country) Dont Know

15. MAIDEN NAME OF MOTHER Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Conrad Hohman

(Address) 1345 Homestead

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 10. 1938

19. UNDERTAKER John Ulrich

(Address) 2108 Eutaw.

DATE 11-8-1938 Huntington Williams, M.D.
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3. 1938. to Nov. 7. 1938

I last saw her alive on Nov 7. 1938 Death is said to have occurred on the date stated above, at 2.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis about	1925
Diabetes Mellitus "	1923
Arteriosclerosis "	1928
Cardiac failure	5/10/38
Other contributory causes of importance: Cholecystitis	1929

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Yoldstone M. D.

(Address) 902 Whitelock St.

10

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51810

CERTIFICATE OF DEATH

94-B

PLACE OF DEATH Pronounced Dead at Md. Gen'l Hosp. St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Lifetime

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME M. Margaret Belz

(a) Residence: No. 125 W. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Aug 15 1872 CA Aug 15 - 1878

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61 60	2 2	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME Peter E. Belz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Kick

18. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Catherine Belz

(Address) 125 W. Preston St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov 9 1938

UNDERTAKER Chas. F. Sauerwein Inc

(Address) 118 W. Mt. Royal Ave

Huntington Williams, Agt

FILED

NOV 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 - 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 11.30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann, M. D.

Coroner

(Address) 124 W. Mulberry St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51811

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Mount Hope Retreat 28-1 Ward)

If of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

FULL NAME Mary Elizabeth Wetzel

(a) Residence: No. ..... Emmitsburg, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 24-1862

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	4	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Emmitsburg Md

NAME Smith Flora

BIRTHPLACE (city or town) (State or country) Emmitsburg Md

MAIDEN NAME Miranda Ferguson

BIRTHPLACE (city or town) (State or country) Emmitsburg Md

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg Md Date Nov. 8 1938

UNDERTAKER Jol Elwinson & Bros

(Address) 1124-26 W. North ave

FILED NOV 8 - 1938 Huntington Williams, Registrar.

GHG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8— 1938

22. I HEREBY CERTIFY That I attended deceased from 7/5 1938 to 11/8 1938

I last saw h[illegible] alive on 11/8 1938 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	?
Arterio-Sclerosis General	?
Other contributory causes of importance Exhaustion	3wks.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward O. Alexander M.D.

(Address) 336 Frederick St

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 F 51812

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Maryland General Hosp St. 22-16 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ida Eisenman

(a) Residence: No. 4717 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of John A. Eisenman

TE OF BIRTH (month, day, year) May 3, 1877

E Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

Date deceased last worked at this occupation (month and year) Present

11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) (State or country) Hanover, Pa.

. NAME Samuel Lipsey

. BIRTHPLACE (city or town) (State or country) Hanover, Pa

. MAIDEN NAME Elizabeth Garrett

. BIRTHPLACE (city or town) (State or country) Hanover, Pa

NFORMANT Cora M. Grove

(Address) 2622 W. Coldspring Lane

BURIAL, CREMATION, OR REMOVAL

Pla Loudon Pk Date 11/9/38

UNDERTAKER Irving Myers

(Address)

FILED 19 Registrar.

NOV 9 - 1938 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-6-38, 19 to 11-7-38, 19

I last saw her alive on 11-7, 19 38 Death is said to have occurred on the date stated above, at 5 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Cardiovascular Dis.	
Cerebral Thrombosis	
Diabetes Mellitus	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John M. Scott, M. D.

(Address) Maryland General Hosp. Balto.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51813

CERTIFICATE OF DEATH

✓ 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital St., 7-6 Ward)

rth of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

FULL NAME Rose Adela Staudenmayer

(a) Residence: No. 2903 Evergreen Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of David J. Staudenmayer

ATE OF BIRTH (month, day, year) Aug. 21, 1866

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) UnKnown

15. MAIDEN NAME Margaret Bowman

16. BIRTHPLACE (city or town) (State or country) British Il.

INFORMANT Mable V. Tweddle

(Address) 2416 N. Calvert St.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Loudon Pk Date Nov 9, 1938

UNDERTAKER Walter Brooks Bradley

(Address) 1922 W. North Ave.

NOV 9 - 1938 Huntington Millinocket, Me.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Wrist	
Pulmonary Embolism	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Oct. 28 or in 1938, 19..

Where did injury occur? Balto. City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Harford Rd. at Evergree

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. R. Cleaver, M. D.

(Address) 2752 Nunnery Coroner

6

814 HEALTH DEPARTMENT—CITY OF BALTIMORE 51814

CERTIFICATE OF DEATH V 121

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 4105 Garrison Ave St. 28-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Ada F. Young

If U. S. Veteran specify WAR

(a) Residence: No. 4105 Garrison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

married, widowed, or divorced)
HUSBAND of
(or) WIFE of Hulbert Young

ATE OF BIRTH (month, day, year) Sept 3, 1878

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	4	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 37

BIRTHPLACE (city or town) (State or country) Newark Miss Engy.

3. NAME Annie Billger

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME A. Ogden Hedenberg

6. BIRTHPLACE (city or town) (State or country)

INFORMANT Hulbert Young
(Address) 4105 Garrison Blvd.

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Nov 9, 1938

UNDERTAKER Walter Booth Bradley
(Address) 1923 W. North Ave

NOV 9 - 1938 Huntington Ave, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1935, to Nov 7, 1938

I last saw h.. alive on Nov. 7, 1938 Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendicitis	
Peritonitis	8-5-38
Pneumonia (lobar)	
Other contributory causes of importance:	
Acute Heart failure "Anginal"	11-6-38

Was an operation performed? 8-8-38 Date of?

For what disease or injury? Appendicitis

Name of operation Drainage

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther E Leitz, M. D.

(Address) 928 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

815 F 51815

CERTIFICATE OF DEATH

V 131

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 2948 Garland Ave 2-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Tarbrough

If U. S. Veteran specify WAR

(a) Residence: No. 2948 Garland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Wm	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Dec 28 1863

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

8. Date deceased last worked at this occupation (month, day, year) Nov 7 1938

11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Baltimore Md.

9. NAME OF FATHER Christian Tarbrough

10. BIRTHPLACE (city or town) (State or country) Germany

11. MAIDEN NAME OF MOTHER Louisa Sundermeier

12. BIRTHPLACE (City or town) (State or country) Germany

INFORMANT Geo Ed. Tarbrough

(Address) 2946 Garland Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 11/10 1938

UNDERTAKER Jno. F. Conlon & Son

(Address) 1217 Pennsylvania Ave

DATE NOV 9 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1935 to Nov. 7, 1938.

I last saw her alive on Nov. 7, 1938. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	?
Other contributory causes of importance: Broncho-pneumonia	7 days

Was an operation performed? no Date of

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Bellel M. D.

(Address) 1224-1226 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51816

16

CERTIFICATE OF DEATH

V 82-a

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 2133 Linn St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Katherine F Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 2133 Linn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Married

married, widowed, or divorced)
HUSBAND of (or) WIFE of John F Schmidt

TE OF BIRTH (month, day, year) Aug 19 1873

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	2	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

9. NAME Philip Glick

10. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unc Kiah

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

NFORMANT John F Schmidt

(Address) 2133 Linn St

BURIAL, CREMATION, OR REMOVAL

Place Interment Date 11/11 19 38

UNDERTAKER Wm C Fitzpatrick

(Address) 1515 Tonti St

STATE NOV 9 - 1938 Huntington Wilmington N.C.

Dr 4 Dy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938, to Nov 8 1938

I last saw her alive on Nov 8 1938. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	Nov 4
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Thurston M. D.

(Address) 1945 N. Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51817

CERTIFICATE OF DEATH

1167

PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) 2-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louis Pascault

If U. S. Veteral specify WAR No Record

(a) Residence: No. 3333 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Near Easton Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Records

(Address) John Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Crematorium Date Nov 9th 1938

UNDERTAKER John Cook

(Address) 1217 St Paul St

FILED NOV 9 - 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/ 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/8/ 1938

Where did injury occur? John Hopkins Hospital Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Shot self in head with

Nature of injury a revolver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schaefer, M. D. Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 51818

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 510 Hollen Road St. 27-8 Ward)

th of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME Gertrude A McClure

If U. S. Veteran specify WAR

(a) Residence: No. 510 Hollen Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of James L McClure Jr

ATE OF BIRTH (month, day, year) July 12 1877

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year) Sept 1938 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Md

2. NAME Gertrude A Hook

4. BIRTHPLACE (city or town) (State or country) Md

5. MAIDEN NAME Gertrude A Hook

6. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Clayton E McClure

(Address) 510 Hollen Rd

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/10 1938

UNDERTAKER Wm Cole

(Address) 1015 E Baltimore St

FILED NOV 9 - 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938 to Nov 7, 1938

I last saw h[illegible] alive on Nov 7, 1938 Death is said to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	2 days
Other contributory causes of importance: Cardiac Hypertrophy	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Timmerman M. D.

(Address) 1538 Harford Rd

819 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 51819

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 310 W. Lanvale St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gertrude V. Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 311 W. Lanvale St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
wall	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of single

TE OF BIRTH (month, day, year) Aug 28-1886

E Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Amsterdam Co

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

2. NAME Geo. W. Taylor

4. BIRTHPLACE (city or town) (State or country) Balto Md

5. MAIDEN NAME Elizabeth Lowe

6. BIRTHPLACE (city or town) (State or country) England

NFORMANT Mrs Rosa Pitinger

(Address) 3407 Pinkney Rd

URIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Nov 9th 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED NOV 9 - 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1937 to Nov. 7 1938

I last saw h[illegible] alive on Nov. 7 1938 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	
Malignant hypertension.	
Other contributory causes of importance:	
Arteriosclerosis.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. G. Nash M. D.

(Address) 1314 N. North Ave.

820

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51820

CERTIFICATE OF DEATH

√ 50

PLACE OF DEATH

Registered No. 8-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Balto. General Hospital St., Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Emma K. Leonard

If U. S. Veteran specify WAR

(a) Residence: No. 2411 E. Federal St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of James Leonard

6. DATE OF BIRTH (month, day, year) Dec. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 58	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME ---------- Langer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Leonard

(Address) 2411 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 11/11 19 38

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fort Ave

20. FILED NOV 9 - 1938 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

Coroner

(Address)

21 F 51821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46-D

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. St. Joseph's Hosp. 9-6 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War

FULL NAME Augustine London

(a) Residence: No. 2121 Alameda Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: WIFE of Mrs. Lee London

7. DATE OF BIRTH (month, day, year) Aug 6 1873

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

10. BIRTHPLACE (city or town) (State or country) Augusta, Ga.

12. NAME Victor London

13. BIRTHPLACE (city or town) (State or country) Texas

14. MAIDEN NAME Wilkins Swain

15. BIRTHPLACE (city or town) (State or country) Augusta Ga

16. INFORMANT Mrs. Lee London

(Address) 2121 Alameda Blvd

17. BURIAL, CREMATION, OR REMOVAL

Date 11/11 1938

18. UNDERTAKER

(Address) 1214 St Paul St.

19. FILED NOV 9 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1938 to Nov 8 1938

I last saw h— alive on Nov 8 1938 Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	?
Other contributory causes of importance: Exhaustion	3 days

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) M. R. Turnipseed M. D.

(Address) St. Josephs Hosp.

822

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51822

CERTIFICATE OF DEATH

95-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Balto. City Hospitals St. 28-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Jeremiah Bricker (38316)

If U. S. Veteran specify WAR

(a) Residence: No. 5254 Reisterstown Rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia

DATE OF BIRTH (month, day, year) Aug. 5, 1862

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	1	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 7

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa.

NAME George

BIRTHPLACE (city or town) (State or country) Pa.

MAIDEN NAME Margaret Kline

BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Medical Hospital

(Address) 4200 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 11 9 1938

UNDERTAKER Wm. F. Gaul & Son

(Address) 1219 E. Fayette St.

FILED NOV 9 1938 Huntington Millstone, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1938, to November 6, 1938

I last saw h im alive on November 6, 1938 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Senile Pulmonary Emphysema	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCurtis M. D.

(Address) Balto. City Hospitals

23 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51823

CERTIFICATE OF DEATH ✓ 51-C

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 412 E. North Ave. 12-4 Ward)

th of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

FULL NAME Frederick C. Peters

(a) Residence: No. 412 E. North St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

~~married~~, widowed, ~~or divorced~~
HUSBAND of ~~or WIFE of~~ Bertha Peters

6. DATE OF BIRTH (month, day, year) Nov 26th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation 33

9. BIRTHPLACE (city or town) (State or country) Stirling Ill

10. NAME Frederick Peters

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Engel Maria (Unknown)

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT Samuel C Peters

(Address) 805 Arthur Ave Racine Wis.

15. BURIAL, CREMATION, OR REMOVAL

Place Forthmann Date 11/10 19 38

16. UNDERTAKER Wm. Cook

(Address) 1219 E. Fort Ave

17. FILED 1938 19 Registrar

~~Huntington Mills, Md.~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1938 to Nov. 6, 1938

I last saw h~~im~~ alive on Nov. 5, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the prostate	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

~~Yes~~ No If so, specify

(Signed) W. H. Patterson M. D.

(Address) 2324 Pensterdown Rd

24

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51824

CERTIFICATE OF DEATH

V 95-B

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2601 Olivia St., St 3 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

If U. S. Veteran specify WAR .....

FULL NAME Frank Eniel

(a) Residence: No. 2601 Olivia st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Pittsomilla

TE OF BIRTH (month, day, year) 11-30-1857

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT Pittsomilla Eniel

(Address) 2601 Olivia st

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/8/38 19

UNDERTAKER Leonard J. Roach

(Address) 6302 Harford Rd.

Huntington Williams Mort.

NOV 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1938, to Nov 6, 1938.

I last saw h[e] alive on Nov 6, 1938. Death is said to have occurred on the date stated above, at 11:58 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse generalized Peritonitis	
Myocardia Failure	

Other contributory causes of importance:

Arterio Sclerosis	
Cardiac Decompensation	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Bayley, M. D.

(Address) Chesapeake Bldg. Cl

Lite

B. 1268-9

1825 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51825

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1438 Fulton Ave St. 15-2 Ward)

...h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary C Yarnough

(a) Residence: No. 1438 Fulton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
F.	W.	Single

... married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 20-1861

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	17	

6. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None
7. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md
10. NAME Wm Yarnouth
11. BIRTHPLACE (city or town) (State or country) Baltimore Md
12. MAIDEN NAME Maria Snyder
13. BIRTHPLACE (city or town) (State or country) Baltimore Md
14. INFORMANT (Address) Mrs Emma Yarnouth 1438 Fulton Ave
15. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date Oct 10 1938
16. UNDERTAKER (Address) Peter Dobkin 1427 Pulton Ave
17. FILED Oct 10-1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7 1938 to Oct 7 1938

I last saw her alive on Oct 7 1938. Death is said to have occurred on the date stated above, at 10:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Arthritis - Uremia	3yrs
Senility	

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. Fetter M. D.

(Address) 6000 York Rd

826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51826

CERTIFICATE OF DEATH

94-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Baker St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lucy Josephine Palmer

If U. S. Veteran specify WAR

(a) Residence: No. 520 Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton

DATE OF BIRTH (month, day, year) July 29, 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	3	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Clifton Stevens

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ida Waring

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Ida Stevens

(Address) 520 Baker St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 11/9 1938

UNDERTAKER Charles H Orr

(Address) 614 N Cathedral St

Huntington Millwood, N.J.

Registrar.

FILED

11-9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D.

Coroner

(Address) 1215 Hanover

827 F 51827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 14-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Length of residence in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Edith Harrison

(a) Residence: No. 2002 Druid Hill Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 16-1923

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	1	22	

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Stenotypist~~ Student

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Edward Harrison

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ophelia Butler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Ophelia Harrison

(Address) 2002 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place Antrim Mem Park Date Nov 10, 1938

UNDERTAKER Mrs Francis G Hynson

(Address) 575 N Eutaw St

FILED Nov 9 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

disclosed by such Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Autopsy

Autopsy

Rev

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Abdomen	Nov 1 38
Generalized Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 1-1938

For what disease or injury? Gunshot wound

Name of operation Exploratory Date of 11-1-38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Nov 1, 1938

Where did injury occur? Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Was shot

Nature of injury Caliber -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen, M. D.

(Address) 5 Hospital St Coroner

Nov 9-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51828

1828

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 312 S. Bruce St St. 19-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Stephen Evin

(a) Residence: No. 312 S. Bruce St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Evin

ATE OF BIRTH (month, day, year) August 5, 1880

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter For
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen' Contractor
8. Date deceased last worked at this occupation (month and year) Nov 1938
11. Total time (years) spent in this occupation 25 Yrs

9. BIRTHPLACE (city or town) (State or country) Yugoslavia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Yugoslavia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Yugoslavia

INFORMANT Anna Evin (Wife)

(Address) 312 S. Bruce St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 9, 1938

UNDERTAKER R&IXC&BM. Walters
(Address) Pratt & Stricker Sts

FILED Huntington Williams, N.J.
-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1938 to Nov 6 1938

I last saw h... alive on Dead on arrival 19... Death is said to have occurred on the date stated above, at 5.20 P.M

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

O.K. Dr. Dillard Nov 7 38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Albert Kornitzer M. D.

(Address) 1934 Wilkens Av.

1268-9

F 51829

1829 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2928 Ellicott Drive St., 16-7 Ward)

of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME JOHN GORDON SIMMONS

(a) Residence: No. 2928 Ellicott Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Married

Married, widowed, or divorced
HUSBAND of (WIFE of) Loretta Casey Simmons

DATE OF BIRTH (month, day, year) June 12, 1901

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Joseph D. Simmons

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Louise Lindeman

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Loretta Simmons
(Address) 2928 Ellicott Drive

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 11, 19 38

UNDERTAKER Chas. J. Evans & Son Inc
(Address) 118 N. Mt Royal Ave

Filed Nov 8 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 19 38

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9- Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage - Paralysis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Kann, M. D.
Coroner

(Address) 1215 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34131

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Agnes Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Henry Samuel Dukes

If U. S. Veteran specify WAR

(a) Residence: No. 131 Jefferson Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col.	Married

married, widowed, or divorced HUSBAND of or) WIFE of Anna

TE OF BIRTH (month, day, year) Nov 1, 1907

E Years	Months	Days	If LESS than 1 day, hrs. or min.
24		1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Manning S. C.
(State or country)

. NAME Samuel Dukes

6. BIRTHPLACE (city or town) S. C.
(State or country)

5. MAIDEN NAME Maddie

6. BIRTHPLACE (city or town) S. C.
(State or country)

NFORMANT Anna Dukes
(Address) 131 Jefferson St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 11 11 1938

UNDERTAKER Joseph E. Locke, Jr.
(Address) 302 Jefferson St.

FILED Huntington Pollard, M.D.

NOV 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to November 5 1938

I last saw h alive on November 5, 1938. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Bilateral Endocarditis	
Other contributory causes of importance: Fatty Heart Disease	
Chronic Nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Angst M. D.

(Address) St. Joseph Hosp.

31 E 51831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 210-M

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hospital, Ward)

gth of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gilbert W.Myers

If U. S. Veteran specify WAR

(a) Residence: No. Lorraine Ave., Essex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Leola V. Myers

DATE OF BIRTH (month, day, year) Feb. 6, 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bloomington, Md.

13. NAME Joseph W.Myers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Virginia Warnick

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs.Leola V.Myers

(Address) Lorraine Ave., Essex,Md.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov. 11 19

UNDERTAKER William M. Marsek

(Address) 715 Light St.

NOV 9 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Nov. 5, 1938 Date of injury , 19

Where did injury occur? Balto.Co., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Collision(2) Two Autos on North

Nature of injury & German Hillrd.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. R. Crellin, M. D.
Coroner

(Address) 23 Penn

Registrar

Logy

8832 F 51832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 94-B

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1714-Holbrook Street St., 9-9 (Ward)

th of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Timothy Murphy

If U. S. Veteran specify WAR no

(a) Residence: No. 1714-Holbrook Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Catherine (Ward)

ATE OF BIRTH (month, day, year) 8/27/1877

GE Years	Months	Days	If LESS than 1 day or min.
61	2	11/0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. US-Mail

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carrier

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

3. NAME Thomas J. Murphy

4. BIRTHPLACE (city or town) (State or country) Ireland

5. MAIDEN NAME Margaret Ann ?

6. BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Mrs. Catherine Murphy
(Address) 1714-Holbrook Street

URIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/10/38

UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

Huntington Williams, Mgr.

D FILED
938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-38

22. I HEREBY CERTIFY, That I attended deceased from 11-5-38, to 11-7-38

I last saw h/m alive on 11-7-38. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/1/38
Other contributory causes of importance: Acute Bronchitis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? PE Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. J. Blum, M. D.

(Address) 1206 E. Fayette St.

833 E 51833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1631 Ellsworth St. 8-7 Ward)

15

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Elizabeth W. Marshall

If U. S. Veteran specify WAR

(a) Residence: No. 1631 Ellsworth St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color Race	5. Single, Married, Widowed, or Divorced (write the word)	
	Col	Widow	

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Marshall

6. DATE OF BIRTH (month, day, year) May 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

13. NAME OF FATHER John Hill

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Julia Ann Hill

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Edward Sullivan

(Address) 1613 E Ellsworth St

BURIAL, CREMATION, OR REMOVAL Hazel Chapple to Leonardtown Md Date Nov 9 1938

UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

FILED Huntingtown Calvert Co. Md

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about July 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Collins M. D.

(Address) 509 Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51834

CERTIFICATE OF DEATH

V 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Mercy Hospital St. 8-23 Ward)

Y OF BALTIMORE: (No. .....

h of residence in city or town where death occurred 5 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Dolan

If U. S. Veteran specify WAR .....

FULL NAME .....

(a) Residence: No. Fort Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) Dec. 15, 1923

E	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
15	16	10	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

Date deceased last worked at this occupation (month and year) Sept. 1938 | 11. Total time (years) spent in this occupation 10

IRTHPLACE (city or town) Baltimore
(State or country) Md.

. NAME Mary J. Dolan

4. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

5. MAIDEN NAME Margaret McKeon

6. BIRTHPLACE (city or town)
(State or country) Md.

NFORMANT Mrs. Dolan
(Address) 5 E. Fort Ave.

URIAL, CREMATION, OR REMOVAL Holy Redeemer Date 11-11 1938

UNDERTAKER Bernard C Harker
(Address) 121 E West St

FILED ..... 19..... Registrar.

9-1938 Huntington Williams, Nyc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Tues 8, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 7, 1938, to Nov 8, 1938. I last saw h.... alive on Nov 8, 1938. Death is said to have occurred on the date stated above, at 1:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis c Perforation & Peritonitis	11-5-38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-7-38

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond J. Lyon, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51835

835

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 408 N Gilmor St. 19-1 Ward)

th of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME Emma Watts

If U. S. Veteran specify WAR

(a) Residence: No. 408 N Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Widowed

married, widowed, or divorced
(or) WIFE of Russell Watts

TE OF BIRTH (month, day, year) Oct 23, 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	15	4

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

IRTHPLACE (city or town) (State or country) Danville Va

. NAME Isaac Anderson

. BIRTHPLACE (city or town) (State or country) Danville Va

. MAIDEN NAME Dina Murray

. BIRTHPLACE (city or town) (State or country) Danville Va

NFORMANT Martha Hallman
(Address) 408 N Gilmor St

RIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Nov 10, 1938

NDERTAKER Mrs. Katie R. Williams
(Address) 322 N Schroeder St

V 9 - 1938 Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 31 1938 to Nov 7, 1938

I last saw her alive on Nov 7, 1938 Death is said to have occurred on the date stated above, at 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperlucsive Cardio-Vascular Renal Disease	1
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Req Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Howard, M. D.

(Address) 601 W Carrollton Ave

F 51836

1836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

PLACE OF DEATH Good Shepherd Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 19-1 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Grace Green Williams

(a) Residence: No. 1605 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widow

married, widowed, or divorced HUSBAND of (or) WIFE of Frank Williams

ATE OF BIRTH (month, day, year) august 5, 1908

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	3	1	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D°

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Oella, Md

. NAME George Preston

. BIRTHPLACE (city or town) (State or country) Oella Md

. MAIDEN NAME Agnes Green

. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Elnetha Finney

(Address) 1610 W. Franklin St

BURIAL, CREMATION, OR REMOVAL

Place Oella, Md Date Nov 9, 1938

UNDERTAKER Mr Katie R. Wilhide

(Address) 327 N Schroeder St. Hillsdale, Md.

Registrar.

9-1938 4

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) November 6. 1938

I HEREBY CERTIFY, That I attended deceased from July 25. 1938. to Nov. 6. 1938.

I last saw her alive on Nov. 5. 1938. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast Left Arm + Shoulder Left Thoracic Wall and Right Breast	Jan 1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If .....

(Signed) Thos L Woolridge M. D.

(Address) 703 W Lafayette Ave

51837 HEALTH DEPARTMENT—CITY OF BALTIMORE 51837

CERTIFICATE OF DEATH

210-M

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Joseph Hospital St., 9-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Christian M. Schroeder

(a) Residence: No. 1018 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie S. Schroeder

DATE OF BIRTH (month, day, year) April 21, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Hugo J. Schroeder

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Christina Yoeckel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Carrie Schroeder
(Address) 1018 E. 20th.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Nov. 9. 38

UNDERTAKER C. Richard Fleming
(Address) 1426 Light St.

1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Ankle	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident Oct. 28, 1938 Date of injury , 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury North Av. at Cecil St

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

B 1268-9

F 51838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3301 Belvedere Ave. St. 27-18 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

FULL NAME Betty King

(a) Residence: No. 3301 Belvedere Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin King

DATE OF BIRTH (month, day, year) Aug. 1, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel Schenthal.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minna ----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Morris, (Daughter)

(Address) 3301 Belvedere Ave.

18. BURIAL, CREMATION, REMOVAL

Place Balto. Heb. Cem. Date Nov. 9th., 1938

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

Huntington Hotel Bldg., N.Y.

NOV 9 - 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7th., 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Occlusion	11/7/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 612 W. 40th. St.

MINNIE YARMOSKY ✓ Nr Hard 51839

1839 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 178-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3807 Dorchester Rd 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in ... occurred ... long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Minnie Yarmosky

(a) Residence: No. 3807 Dorchester Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced, HUSBAND of (or) WIFE of Jacob Yarmosky

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 437

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Gadelia Grenberg.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT E. A. Weinstein

(Address) 3807 Dorchester Rd

BURIAL, CREMATION, OR REMOVAL 11-9-38

Place Mach Rd Date

UNDERTAKER Jos. Levin Bro

(Address) 1939 E. Baltimore St

FILED Huntington Will Co. Inc. N.J.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an ... (Coroner, Autopsy or Inquiry) find that said deceased came ... obtained by said ... (Inquest, Autopsy or Inquiry) ... stated above.

to ... 10, P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	
Other contributory causes of importance: Ill health	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, ~~suicide~~ or homicide? Accident Date of injury 11-8-1938

Where did injury occur? 3807 Dorchester Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In bedroom gas from kitchen stove

Did deceased ignite gas? Unknown Purpose of using gas Ill health

Was injury self-inflicted? ... If so, specify ...

(Signed) A. Kapp Coroner M. D.

(Address) 845 Hanover

✓ F 51840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

840

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St. 22-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Seipell

(a) Residence: No. 40 E. York St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Seipell

6. DATE OF BIRTH (month, day, year) Aug. 2, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Frank Seipell

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

14. MAIDEN NAME Mary Connolly

15. BIRTHPLACE (city or town) (State or country) Balto. Md.

16. INFORMANT Mrs Ray Modyes
(Address) 4 E Cross St.

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 11/10 1938

18. UNDERTAKER Margaret E Hynes
(Address) 2607 N. Eutaw St
Huntington Williams, Nfd

19. FILED 9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident Nov. 8, 1938 Date of injury 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Man on Sidewalk at Charles & Cross St. Struck man

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2757 Mass Coroner

51841 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51841

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH St. Agnes' Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Wilkens & Catonsville St. 25-1 Ward)

th of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth 7 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Louis M. Valmas

(a) Residence: No. Ellicott City. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) May. 15, 1901

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Andros. Greece

NAME Michael Valmas

BIRTHPLACE (city or town) (State or country) Greece

MAIDEN NAME Nora M. Korakas

BIRTHPLACE (city or town) (State or country) Greece

NFORMANT George Valmas

(Address) Ellicott City.

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov. 9 1938

UNDERTAKER Easton Sons

(Address) Ellicott City Huntington Millwood, N.Y.

FILED Registrar

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3. 1938, to Nov. 7 1938.

I last saw him alive on Nov. 7. 1938. Death is said to have occurred on the date stated above, at 2.25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Oct. 31
Respiratory failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles V. Lewis, M. D.

(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

51842 E 51842

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

th of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PULL NAME Rebecca Woods (38163) If U. S. Veteran specify WAR

(a) Residence: No. 1100 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, (Married) Widowed, or Divorced (write the word)
ale	Colored	Separated

married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin

TE OF BIRTH (month, day, year) Oct. 5, 1885

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Milborrough

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date 11-18-1938

UNDERTAKER Jos. Gus. F. Holland
(Address) 1151 Edmondson Ave.

FILED Huntington Williams Nov 19 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1938, to November 7, 1938

I last saw her alive on November 7, 1938. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June 1938?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) X M. Curtis M. D.

(Address) Balto. City Hospitals

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

51843

CERTIFICATE OF DEATH

X 53-C

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-S Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Margaret Spatz

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 N. Prince St. St., ... Ward. Shippensburg Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced WIFE of Edgar E Spatz.

DATE OF BIRTH (month, day, year) 1 | 27 | 1900

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	38	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home-wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill.

13. NAME Albert Moyer

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Nancy Buckler

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Dallastown, Pa. Date Nov. 12 1938

19. UNDERTAKER E. Irvin Van Dyke Eastern Road,

(Address) Shippensburg, Pa.

20. FILED ..... Registrar

38 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1938, to Nov. 8 1938.

I last saw her alive on Nov. 8 1938. Death is said to have occurred on the date stated above, at 9:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach (malignant)	
Other contributory causes of importance	

Was an operation performed? yes Date of Nov. 2, 1938

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth S. Powell, M. D.

(Address) Johns Hopkins Hosp.

1841 HEALTH DEPARTMENT—CITY OF BALTIMORE 51841

CERTIFICATE OF DEATH 128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry B. Mccaslin

If U. S. Veteran specify WAR

(a) Residence: No. 3903 Chatham St., Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Seal

DATE OF BIRTH (month, day, year) 1/4/1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George W. Mccaslin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emma Bruton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT H. B. McCaslin Jr.

(Address) Towson, Md

BURIAL, CREMATION, OR REMOVAL

Place Nov. 11, 1938 Date London Park Cemetery

UNDERTAKER Landon M. Brooks

(Address) Govans, Md.

FILED Huntington Interment Nov 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1938, to Nov. 9, 1938

I last saw him alive on Nov. 8, 1938 Death is said to have occurred on the date stated above, at 2:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Scarborough Jr., M. D.

(Address) 1 E. Saratoga St. Balto. Md.

1938

F 51845

1845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80-25515-38

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Tonfer

If U. S. Veteran specify WAR

(a) Residence: No. 916 Ridgely St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mildred

6. DATE OF BIRTH (month, day, year) 6-10-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	4	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0072

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Phillip

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Steckrett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Westview Date Nov 9 1938

19. UNDERTAKER Mr. & Mrs. John N. Taufer & Son
(Address) 801 N. Gayetty

NOV 9 - 1938, 19

Huntington Mitchell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 2, 37 to November 7, 1938

I last saw him alive on November 7, 1938. Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-1-38
Other contributory causes of importance: Pyelonephritis	Oct. 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Santella, M. D.

(Address) Baltimore City Hospitals

51846 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51846

CERTIFICATE OF DEATH

122-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Ward 17-3 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

FULL NAME Ida Dufon

(a) Residence: No. 750 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female | 4. Color or race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rumy

DATE OF BIRTH (month, day, year) Jan 6-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Medalle Dep Co, (State or country) Va

13. NAME Elizabeth Goldman

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Florine Jones (Address) 750 Bradley St

18. BURIAL, CREMATION, OR REMOVAL Place Hot Point Va Date 11/9 1938

19. UNDERTAKER Mrs Francis A Hyndman (Address) 578 N. Biddle St

NOV 9 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 38

22. I HEREBY CERTIFY, That I last attended the deceased from ... to ... and that I last saw ... alive on ... and that death occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Nov 5 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 5-38

For what disease or injury? Pulmonary Edema Date of 11-5-38

Name of operation Epicardiotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George Allen M. D.

(Address) 580 Augusta St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51847

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Madison Ave 13-3 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Maggie B. Tilghman

(a) Residence: No. 2508 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) Dec 11 1878.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59.	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co.

13. NAME OF FATHER William Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Elizabeth Kelly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret Giving

(Address) 2508 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11-9- 1938

19. UNDERTAKER Mrs. R. E. Elliott, Daughter

(Address) 1129 N. Caroline St

Nov 9- 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6- 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1937 to 11-6- 1938

I last saw h[illegible] alive on 11-6- 1938. Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular Renal disease terminal	1 Year
Bronchio-pneumonia	
Pulmonary Edema	

Other contributory causes of importance:

Hypertension

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. F. Jackson M. D.

(Address) 600 N. Arlington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

#37619

51848

CERTIFICATE OF DEATH

46-F F 51848

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto. City Hospitals St., 6-H Ward)

33 yrs

th of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth 33 yrs ... mos ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Benjamin Hehert

(a) Residence: No. 1810 E. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 3/18/1885

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	53	7	21	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. peddler

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dry goods

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

3. NAME Fisher Hehert

4. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Hilda Glaza

6. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Bial Day 11-9-38 19

UNDERTAKER Jackson & Lee

(Address) Huntington Pallsware, Md.

NOV 9 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 10-3 , 1938 to 11-9 , 1938

I last saw him alive on 11-8 , 1938 Death is said to have occurred on the date stated above, at 12:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head Pancreas	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-5-38

For what disease or injury?

Name of operation Cholecystogastrostomy

What test confirmed diagnosis? Surgery Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

19

HEALTH DEPARTMENT—CITY OF BALTIMORE

51849

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME W. Ellsworth Jones

(a) Residence: No. Sorrett Av. Balto. Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margarett Jones

6. DATE OF BIRTH (month, day, year) Oct. 14, 188[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. p.86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Filling Station

10. Date deceased last worked at this occupation (month and year) [illegible]era[illegible]01 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME ------- McCollough

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margarett Jones

(Address) 1620 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Nat Date Nov 10 38

19. UNDERTAKER Richard W Meyer

(Address) 1620 Ashburton St.

Huntington Williams, Mgr.

20. FILED

Nov [illegible] 38

GHS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Nov. 7 Date of injury 1938 19

Where did injury occur? Wash. Bulv. Balto. Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

How did injury occur? Wash. Bulv. At Summett Av.

Nature of injury Injury by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) [signature] M. D.

(Address) [illegible] Coroner

(1850) HEALTH DEPARTMENT—CITY OF BALTIMORE F 51850

CERTIFICATE OF DEATH

CGK--37996-B

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-G Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sadie Anside

If U. S. Veteran specify WAR

(a) Residence: No. 1853 Harford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of John (D)

DATE OF BIRTH (month, day, year) Aug. 25, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	2	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (10-37)

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Pete Raymond

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 10th 1938

UNDERTAKER Leo G. Leak (Address) 1701 N. Pate Park Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-14 , 1938 to 11-6 , 1938

I last saw her alive on 11-6 , 1938 Death is said to have occurred on the date stated above, at 9:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach ?	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodruff Jr. M. D.

(Address) Balto City Hosp

DV 9-1938

51851 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51851

CERTIFICATE OF DEATH 38733 (38-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 17 Ward)

th of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Flora Mewilliams,

(a) Residence: No. 1033 Myrtle Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Daniel

ATE OF BIRTH (month, day, year) 3/5/1892

GE	Years	Months	Days	If LESS than 1 day hrs. or min.
46	46	8	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Irvin Hayden

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Nellie ?

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 11/12 38

UNDERTAKER William A Parkson
(Address) Hall Penna Ave

FILED 19 Registrar.

V 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 6, 38 to November 8, 38

I last saw her alive on November 8, 38 Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-6-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. G. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

51852

CERTIFICATE OF DEATH

82-a [illegible] 51852

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospt. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Jacob Gipson or Gibbs

(a) Residence: No. 712 School St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Black	Widowed

f married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza

ATE OF BIRTH (month, day, year) No record

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

8. Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

13. NAME Henry Gibson

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Patsy Howard

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT B. C. H. records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 9 1938 19

UNDERTAKER Commissioner of Health
(Address)

NOV 9 - 1938 for H. A. Moore Huntington Millerville, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4. 1938

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1938 to November 4, 1938
I last saw him alive on November 4, 1938 Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-2-38
Other contributory causes of importance: Arteriosclerosis	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. G. De Lautter M. D.

(Address) Baltimore City Hospitals

4413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1853 98 24000-PC 51853

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rachael Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 833 Tyson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, year) 1857 ?

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 ?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 9 1938 19
UNDERTAKER Commissioner of Health
(Address) Per M. A. Moore

FILED NOV 9 - 1938 - H. Taylor Williams, M.D.

4414

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1937 to 11-4, 1938

I last saw her alive on 11-4, 1938. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerotic gangrene right foot	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-3-38

For what disease or injury?

Name of operation Amputation Right Leg

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51854

CERTIFICATE OF DEATH

CGK--34-E-51854

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-4 Ward)

1918

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

FULL NAME Christopher, Christopher

(a) Residence: No. 2509 W. Lombard St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-18-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Christopher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie Minus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 9 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

NOV 9 - 1938 Registrar Washington Williams, M.D.

4415

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1938 to November 5, 1938

I last saw him alive on November 5, 1938. Death is said to have occurred on the date stated above, at 8250 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. DeSantella M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

51855 — CERTIFICATE OF DEATH — 159 F 51855

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital St., 64 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Herbert Louis Jackson

If U.S. Veteran specify WAR ...

(a) Residence: No. 1711 Madison Ave St., 9 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) 10-27-38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			6 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provident Hosp.

13. NAME Herbert Hankins

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Lucy Jackson

16. BIRTHPLACE (city or town) (State or country) Washington Delaware

INFORMANT Mother

(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 9 1938 Commissioner of Health

UNDERTAKER

(Address) Per E. A. Hoops Huntington Williams, Nyd.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-27-38, 19... to 11-2-38, 19...

I last saw him alive on 10-2-38, 19... Death is said to have occurred on the date stated above, at 9:50 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cong. Atelectasis	
Prematurity	

Other contributory causes of importance:

Was an operation performed? No. Date of ...

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Butler M. D.

(Address) Provident Hospital

4417

51856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 F 51856

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 1516 E. Preston St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Fetus

(a) Residence: No. 1516 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	C	Fetus

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

11/7/38

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~1938~~	~~Nov.~~	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Waynesboro Va.

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mary Lewis
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 9 1938
COMMISSIONER OF HEALTH

UNDERTAKER
(Address) For M. A. Moore Huntington Williams, N.Y.

FILED NOV 9 1938 Registrar

4416.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw him alive on 11-7- 1938 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miscarriage	
Premature Labor	
Atelevesis	
Abortion 7 Months	

Other contributory causes of importance:

Was an operation performed? Date?
For what condition?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) D. Wealter M. D.
(Address)

Lot - 4817

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51857

CERTIFICATE OF DEATH.

160-B F 51857

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6000 (St.) Delair Rd (Ward) 27-W

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Kluge

(a) RESIDENCE NO. 6000 Delair Rd (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 1/2 hour How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE: Years | Months | Days | If LESS than 1 day, hrs. or min. 1/2 hour?

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

8 BIRTHPLACE (city or town) 6000 Delair Rd
(State or country)

10 NAME OF FATHER Robert Paul Kluge

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary O'Rourke

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

PARENTS

14 Informant Father
(Address) 6000 Delair Rd

NOV 9 - 1938 Received

Huntington Williams Ave Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8 19 38

17

I HEREBY CERTIFY, That I attended deceased from . 19 . to 11/8 . 19 38

that I last saw h[illegible] alive on 11/8 Stillborn 19 38

and that death occurred, on the date stated above, at 11.45 A.M.

The CAUSE OF DEATH* was as follows:

Compression of cord in a Breech Presentation

1/2 hour? (duration) ✓? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cord around neck

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stillborn

(Signed) Wm. F. Caspido, M. D.

11/9, 19 38 (Address) 1 Upland Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cemetery

DATE OF BURIAL 19

20 UNDERTAKER: Fred Lazahn Son

ADDRESS

Cause of compression of cord before birth of head. Heart sounds stopped [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

51858

CERTIFICATE OF DEATH

93-CF 51858

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4203 Belman Ave St., 26-1 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME B. Calvin Eastman

(a) Residence: No. 4203 Belman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Weller

DATE OF BIRTH (month, day, year) April 2nd 1875

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
63	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elks Club

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 15 yrs

BIRTHPLACE (city or town) (State or country) Balto. City Md.

13. NAME Fred Eastman

14. BIRTHPLACE (city or town) (State or country) Tennessee

15. MAIDEN NAME Margaret Topp

16. BIRTHPLACE (city or town) (State or country) Unknown Md.

INFORMANT Mrs. J. E. Eastman

(Address) 4203 Belman Ave.

17. BURIAL, CREMATION, OR REMOVAL.

Place London Pk. Date Nov 11 1938

18. UNDERTAKER Fred Leasenbrook Sons

(Address) 2400 Eutaw Pl.

NOV 9 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1938 to Nov 8 1938

I last saw him alive on Nov 7 1938. Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronic Dila- tation	11/4/38
Other contributory causes of importance: Senile Myocarditis	10/1/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Allen Rowe M. D.

(Address) 16 Randall

F 51859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ___

2. FULL NAME Charles Williams

(a) Residence: No. Marriottsville, Md. St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of [redacted]

DATE OF BIRTH (month, day, year) May 15. 36

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [redacted]

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Beatrice King

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beatrice Williams

(Address) Marriottsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place West Liberty Date Nov 12 38

19. UNDERTAKER J. C. Higinbothom

(Address) Ellicott City Md

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3 days
Other contributory causes of importance: Laryngeal Oedema	3 days

Was an operation performed? Yes Date of 11/8/38

For what disease or injury? Oedema of Larynx

Name of operation Tracheotomy (Clinical finding) Date of 11/8/38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nicholas J. Adams M. D. Coroner

(Address) 360 Eutaw Place

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

51860

CERTIFICATE OF DEATH

46-F 51860

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bon Secours Hosp St., 19-4 (Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Bernard C. Carey

(a) Residence: No. 1836 W Pratt St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced
HUSBAND of (~~or WIFE~~ of) Cora R. Carey

DATE OF BIRTH (month, day, year) 8/10/68

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Grocer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

8. Date deceased last worked at this occupation (month and year) 5/1938

11. Total time (years) spent in this occupation 52

BIRTHPLACE (city or town) (State or country) Baltimore, MD

13. NAME James T. Carey

14. BIRTHPLACE (city or town) (State or country) Baltimore MD

15. MAIDEN NAME Jane Tilyou

16. BIRTHPLACE (city or town) (State or country) Baltimore MD

INFORMANT Daughter Mrs Elsie Lusk

(Address) 1819 W. Lombard St - City

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Nov 10 1938

UNDERTAKER Geo. Lehnerb

(Address) 311 Fredrick Ave.

FILED 9-1938 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/20 . 1938 to 11/8/38 . 19

I last saw h/M alive on 11/8/38 . 19 . Death is said to have occurred on the date stated above, at 12.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Cancer From Ca. of Pancreas.	1931?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/2/38

For what disease or injury? a a

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) George H. Brouillet M. D.

(Address) Bon Secours Hosp

51861 F 51861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Public School #233 St. 27-10 Ward)
Roland Ave & Deepdene Road.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marion Stuller

(a) Residence: No. 67 Glenwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 23, 1923

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14 15	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John M. Stuller

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eva F. Mentzer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John M. Stuller
(Address) 67 Glenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Grace Cem. Balto. Co. Date Nov. 11, 1938

19. UNDERTAKER Edw. Tipton
(Address) Pasadena, Md.

20. FILED Huntington Williams, Registrar

NOV 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11/8/38
Specimen going through Laboratory. Liver & Spleen.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Crane, M. D.
Coroner
(Address)

1862 51862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3915 Fairview Ave St., (Ward) 15-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME George Haslup Medcalf

(a) Residence: No. 3915 Fairview Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie M. Medcalf

DATE OF BIRTH (month, day, year) June 9, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. S. Brady & Co.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME John Medcalf

14. BIRTHPLACE (city or town) (State or country) Balto Md.

13. MAIDEN NAME Lavinia Haslup

14. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Sadie M. Medcalf

(Address) 3915 Fairview Ave.

BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Nov. 10 1938

UNDERTAKER Wm. H. Pickup & Sons

(Address) North & Fulton Aves.

FILED NOV 9 1938 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Nov. 8, 1938

I last saw h. alive on Nov. 7, 1938 Death is said to have occurred on the date stated above, at 1.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	6 Mo
Other contributory causes (importance) Exhaustion.	2 Mo.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C. Blake M. D.

(Address) Med. Arts Bldg.

F 51863

51863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4213 Springdale Ave Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Royal Boland

(a) Residence: No. 4213 Springdale St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Myrtle R. Boland
7. DATE OF BIRTH (month, day, year): July 7, 1880
AGE: Years 58 | Months 4 | Days 1 | If LESS than 1 day, hrs. ... min. ...
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumbers Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Balto Md.
13. NAME of father: Thos. B. Boland
14. BIRTHPLACE (city or town) (State or country): Balto Md.
15. MAIDEN NAME of mother: Cecelia Murray
16. BIRTHPLACE (city or town) (State or country): Ire.
17. INFORMANT: Mrs Myrtle R. Boland
(Address) 4213 Springdale Rd
18. BURIAL, CREMATION, OR REMOVAL
Place: London Park. Date: Nov 11, 1938
19. UNDERTAKER: Wm J Jacques & Sons
(Address) Mount Pr. Ave.
20. FILED: Nov 10 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 8, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and (from the evidence (Inquest, Autopsy or Inquiry)
obtained by me) (Inquest, Autopsy or Inquiry) find that said person came to ... death at the time stated above. Jaundice 2 yrs

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 8, 1938.
Where did injury occur? 4213 Springdale Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury Gas from kitchen stove
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Keen, M. D. Coroner
(Address) 1210 Hanover St

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

51861

CERTIFICATE OF DEATH

8-3 953 F. 51864

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1105 N. Luzerne Ave. St. E. Ward)

rth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Theresa Hohman

If U. S. Veteran specify WAR

(a) Residence: No. 1105 N. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

If married, widowed, or divorced HUSBAND of (or) WIFE of Aloysious Hohman

DATE OF BIRTH (month, day, year) Apr. 5 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo. Stegman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Riehl

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Geo Hohman

(Address) 1105 N. Luzerne Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 10 1938

UNDERTAKER John J. Connelly

(Address) Oliver 1700

FILED NOV 9 - 1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938 to Nov 6, 1938

I last saw her alive on Nov 3, 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardio vascular Disease	1928

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Earl Lippman M. D.

(Address) 2127 Eutaw Place

54 132

HEALTH DEPARTMENT—CITY OF BALTIMORE

51865

CERTIFICATE OF DEATH

F 51865

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., 108 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Tegges (KELLER) If U. S. Veteran specify WAR

(a) Residence: No. 9th St & Ferry Road St., Ward. Sparrows Pt Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Raphael

6. DATE OF BIRTH (month, day, year) 4-26-04

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Nicholas Tegges

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Kutchens

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Nov. 11th 38

19. UNDERTAKER John S. Connelly Essex md.

(Address)

20. FILED Huntington Williams Registrar

NOV 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938 to Nov 8, 1938

I last saw him alive on Nov 8, 1938 Death is said to have occurred on the date stated above, at 6 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-2-38
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide No Date of injury, 19

Where did injury occur None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No None

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) J. Lewenig Neely, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

51866

CERTIFICATE OF DEATH

X 94 B F 51866

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ira Knudson

(a) Residence: No. Pine Castle, Florida St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce 0023

10. Date deceased last worked at this occupation (month and year) Nov 8 1938

11. Total time (years) spent in this occupation 3 yr.

12. BIRTHPLACE (city or town) (State or country) Orlando Florida

13. NAME Ira Knudson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Willie Patrick

16. BIRTHPLACE (city or town) (State or country) Orlando Florida

17. INFORMANT Roy Patrick

(Address) Winter Park, Florida

18. BURIAL, CREMATION, OR REMOVAL

Place Orlando Fla. Date 11/10 1938

19. UNDERTAKER Vernon Lemmon

(Address) 46 11 Park Heights Ave

20. FILED NOV 9—1938 Huntington Williams, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the date stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel B Wolfe, M. D.

Coroner

(Address) 1331 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51867 CERTIFICATE OF DEATH 186a F 51867

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 28-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Robert Wayne Stauffer

(a) Residence: No. 4307 Liberty Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) August 10, 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton N. J.

13. NAME Wayne Silvius Stauffer

14. BIRTHPLACE (city or town) (State or country) Pikesie Penna.

15. MAIDEN NAME Edna Lucille Henderson

16. BIRTHPLACE (city or town) (State or country) Balto MD.

17. INFORMANT Edna Lucille Stauffer

(Address) 4307 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Nov 10 1938

19. UNDERTAKER Henry A. Amoss

(Address) 4204 Pridgen Ave

NOV 9 - 1938 Huntington Millward, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of skull	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/7, 1938

Where did injury occur? 4307 Liberty Heights Ave Balto, Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off second floor rear

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenck M. D.

Coroner

(Address) Coroner

5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

51868

CERTIFICATE OF DEATH

20-3

94 F 51868

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Monroe St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John P. Ulrich

(a) Residence: No. 312 S. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena L. Ulrich (nee Davis)

7. DATE OF BIRTH (month, day, year) Jan. 17, 1867.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Japanner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Nicholas Ulrich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena L. Ulrich

(Address) 312 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 10/38

19. UNDERTAKER Harry F. Kuttler

(Address) 4101 Edmondson Ave.

Filed Nov 10 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/28 1938 to 11/6 1938

I last saw h[illegible] alive on 11/6 1938 Death is said to have occurred on the date stated above, at 8.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Coronary Thrombosis	9 dys

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Damian P. Alagia M. D.

(Address) 3326 Frederick Ave

39 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 51869

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr George H Caple

If U. S. Veteran specify WAR

(a) Residence: No. 262 E Main St, St., Ward Westminster Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT G. J. Mathias

(Address) Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Nov. 12, 1938

19. UNDERTAKER H. Bankard & Son

(Address) Westminster, Md.

20. FILED NOV 10 1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1938, to Nov 10, 1938

I last saw him alive on Nov 9, 1938. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bladder tumor	[illegible]
Other contributory causes of importance: Extravasation of urine	11/7/38

Was an operation performed? yes Date of 11/7/38 11/9/38

For what disease or injury? ① Papillomata of Bladder ② Extravasation of Urine

Name of operation ① Cauterization ② Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F L Graff M. D.

(Address) Md General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1870 — 51870 — 134 — C C

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 14-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Briscoe — U. S. Veteran — specify WAR

(a) Residence: No. 513 McMechen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married Sep.

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Vivian Briscoe

7. DATE OF BIRTH (month, day, year) Feb. 3-1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph Briscoe (d)

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Aubrey Briscoe
(Address) 513 W. Cuthbert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 11/10 1938

19. UNDERTAKER Thomas E. Kelsey
(Address) 1383 Preastman St

20. FILED ... 19 ... Huntington Williams, N.P.

11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence detailed by said Inquiry and that said deceased came to ... death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	2 years
Pneumonia	4 days

Other contributory causes of importance: Chronic Alcoholism

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51871

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 Preston St. 14th Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Winters

(a) Residence: No. 527 Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Louis Winters

7. DATE OF BIRTH (month, day, year): July 1879

AGE: Years 59 | Months 4 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of Parents: James Harper Va

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Margaret Brown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Louis Winters

(Address) 527 Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Peters Date: 11/10 38

19. UNDERTAKER: Thomas E. Kelly

(Address) 1303 Pennsylvania Ave Huntington Williams, W. Va.

Registrar

11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Apoplexy — Date of onset: May 7 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Schaefer M. D.

(Address) 50 Preston St

F 51872

1872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-3 Ward)

Length of residence in city or town where death occurred ___ yrs. 2 mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ___

2. FULL NAME Dorothy Ahl

(a) Residence: No. 1000 Boyd St. St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 10 35

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Ahl

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dorothy Schneider

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Wm Ahl (Address) 1000 Boyd St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 11/10/35

19. UNDERTAKER John J. Convertito (Address) 901 Gilmor St.

Huntington Williams, Nurse

20. FILED NOV 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Viewed the remains (Inquest, Viewed the remains or Inquiry) thereon and from the evidence obtained by said Inquest, Viewed the remains or Inquiry find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema Acidosis	12 hrs.
	12 hrs
Other contributory causes of importance: Malnutrition, Marasmus	2 mos.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Judgment Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Michael A. Abrams M. D.

Coroner

(Address) 736 E. Eutaw Place

1873 Copel Bazemore ✓ F 51873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 East St. 5-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Copelt Bazemore

(a) Residence: No. 151 East St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1911

AGE: Years 27 | Months — | Days — | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyngaer N C

13. NAME Alson Bazemore

14. BIRTHPLACE (city or town) (State or country) N C

15. MAIDEN NAME Olive Outlaw

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Doris Cherry (Address) 151 East St

18. BURIAL, CREMATION, OR REMOVAL Place Aulander N C Date Nov. 10 38

19. UNDERTAKER Robert T. Williams (Address) 1515 Mc Elderry St

Registered

V 10 1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy — Date of onset Nov 8 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L Allen M. D.

Coroner

(Address) 5 E Lexington St

F 51874

51874 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS St., 9-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GEORGE W. BUSH

(a) Residence: No. NEVADA MISS. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	white	divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) ~~dont know~~ June 30 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	42	4	109	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SEAMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STANDARD OIL CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BUTLER MISSOURI

13. NAME DONT KNOW

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME NETTIE PRICE

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dr. H.H.EARP

(Address) CARASAUQUA PENNA.

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date Nov.10.1938

19. UNDERTAKER John O Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar

11938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7. 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schleicher M. D.

Coroner

(Address) Coroner

1875 Dunstin

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51875

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1730 Orleans St., 6-5 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Dunston

(a) Residence: No. 1730 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1888

AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs. or min. —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Isadore Jackson

(Address) 1730 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 10 1938

19. UNDERTAKER Eloy O Wilson

(Address) 1000 Druid Hill Ave

Huntington Williams, Nd

Registered

NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1938

22. I HEREBY CERTIFY, That I took charge of the [illegible] described above, held an [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence [illegible] (Inquest, Autopsy or Inquiry) said that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Nov 1 1938
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen, M. D.

(Address) 50 Penn Ave Coroner

Meyer Corn

76 49379 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 51876

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Meyer Corn

(a) Residence: No. 6 9 S Mt Vernon St., Ave Ward Lumberton Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 2/27/14

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn -

13. NAME Joseph Corn

14. BIRTHPLACE (city or town) (State or country) Fith -

15. MAIDEN NAME Rose Margolis

16. BIRTHPLACE (city or town) (State or country) Fith.

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Huntington P.A. Date 11/10/38

19. UNDERTAKER Jack Lewis Inc
(Address) 1739 E. Balto

20. FILED Huntington Pa Nov 12
NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938 to Nov-9, 1938

I last saw him alive on Nov-9, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma scalp - malignant	
Brain abscess	
Other contributory causes of importance	

Was an operation performed? yes Date of July 26 1938

For what disease or injury? Sarcoma Scalp

Name of operation Craniotomy & Tumor removed

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth S. Pickrell M. D.

(Address) Johns Hopkins Hosp.

V F 51877

1877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St. 20-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Geo. Miller

(a) Residence: No. 2115 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Miller

7. DATE OF BIRTH (month, day, year) Feb. 26, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs G. Arnold

(Address) 2115 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 11-12-38

19. UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave

Huntington Williams & Son

NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusions of Body	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Oct. 30, 1938 Date of injury, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing St At Fayette & Pulaski

Nature of injury struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) G. R. C. Helm M. D.

Coroner

(Address) 3757 Wash

106

878

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51878

CERTIFICATE OF DEATH

94-3

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1724 N. Smallwood St., 15 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Goldie Tabickman

(a) Residence: No. 1724 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W.

If married, widowed, or divorced HUSBAND of (or) WIFE of Pate Abraham

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	-		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Theodore Chlomek

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lillian

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Tabickman

(Address) 1724 N. Smallwood st

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Nov. 10, 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 124-26 W. North ave

20. FILED NOV 10 1938 Clinton Hillman, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 10, 1938

I last saw her alive on Nov 10, 1938. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Physics Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Hornstein, M. D.

(Address) 733 Eutaw St

51879 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51879

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General 28th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Wolfe Sollod

(a) Residence: No. 4812 Reisterstown Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Reba Sollod

7. DATE OF BIRTH (month, day, year) 1888

8. AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Hirsch Sollod

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: NotKnown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Dr. A. Sollod

(Address) 707 E. Fort Av.

18. BURIAL, CREMATION, OR REMOVAL: Interment Rosedale Date Nov. 10 1938

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1824-26 W. North ave

20. FILED 19 Registrar

10 1938 Huntington Indiana, Ind.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1938

22. I HEREBY CERTIFY, That I last viewed the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Abelson M. D.

Coroner

(Address) 2757 W Lex

1880 ✓ F 51880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Mosher St. 16-3 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daisy Rhodes

(a) Residence: No. 1703 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Rhodes

DATE OF BIRTH (month, day, year) July 12 - 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Concord North Carolina

13. NAME William Rhodes

14. BIRTHPLACE (city or town) (State or country) Concord North Carolina

15. MAIDEN NAME Katie Hawkins

16. BIRTHPLACE (city or town) (State or country) Concord N.C.

17. INFORMANT George McCree

(Address) 1203 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11-10 19 38

19. UNDERTAKER Mrs. Francis A. Handley

(Address) 515 N. Dudley St.

20. FILED 10 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 . 1938 to Nov 7 . 1938

I last saw her alive on Nov 5 . 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uterine Carcinoma	April 1938

Other contributory causes of importance:

None.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. N. Wright M. D.

(Address) 1209 Eutaw Place

1881 E 51881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp: St. 13-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Johnson

(a) Residence: No. 1343 Clifton Heights St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Aug 25 1885

AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
53	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City streets Dept

10. Date deceased last worked at this occupation (month and year) 15 | 11. Total time (years) spent in this occupation ?

7. BIRTHPLACE (city or town) (State or country) Culpeper, Virginia

12. NAME Frances Johnson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lucretia Patty

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Nov 2 1938

19. UNDERTAKER C. Burrows Sons

(Address) 3623 Eastern Ave

NOV 10 1938 (Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/7, 1938 to 11-9, 1938

I last saw h.im. alive on 11/9, 1938. Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured colloped & Perforated gastric ulcer	
Other contributory causes of importance: Peritonitis	?

Was an operation performed? yes Date of 11/7/38

For what disease or injury? Perforated gastric ulcer

Name of operation Repair

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. D. Sunday M.D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

1882 51882

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitarium Ward) 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Stegman

(a) Residence: No. 3909 Northern Pkwy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad J. Stegman

DATE OF BIRTH (month, day, year) July 1st 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. E. W. Fairbanks

(Address) 4113 Northern Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Nov. 12 1938

19. UNDERTAKER Frank Lazzarini & Son

(Address) 7401 Belair Rd.

20. FILED 10 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15 1938 to Nov 9 1938

Last saw h[illegible] alive on Nov 8 1938 Death is said to have occurred on the date stated above, at 610 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease	5 mths
Hypostatic pneumonia both lungs	5 mths
	acute

Other contributory causes of importance:

Acute pulmonary oedema	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Hutchins M. D.

(Address) 4114 Northern Parkway

HEALTH DEPARTMENT—CITY OF BALTIMORE

51883

883

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 315 S Ann St (St.) 2-2 (Ward)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Damesyn

(a) Residence: No. 315 S Ann St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Damesyn

6. DATE OF BIRTH (month, day, year) Sept. 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Poland

12. NAME August Damesyn

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Wentz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Damesyn

(Address) 1810 Bank St

18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Date Nov. 11, 1938

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave

Huntington Building, Baltimore, Md.

FILED NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1938 to Nov. 8, 1938

I last saw h— alive on Nov. 8, 1938 Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	9/20/38
Other contributory ~~causes of importance~~ Hypertrophy of Prostate	8/1/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.S.I.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John V. Seyerbrich M. D.

(Address) 1802 Eastern Ave

F 51884

1884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36744-38

Registered No. 72-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da. 6 months

2. FULL NAME Almers Tague

If U. S. Veteran specify WAR

(a) Residence: No. 1415 Eastern Ave. St., ..Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married-seperated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mae

7. DATE OF BIRTH (month, day, year) 10-19-10

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
28	28	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winston Salem, N. C.
(State or country)

13. NAME Isaac

14. BIRTHPLACE (city or town) N. C.
(State or country)

15. MAIDEN NAME Betty Jarrell

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Balto. City Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Union Ridge Date 11/12/38 19 38

19. UNDERTAKER Thos. J. Edmondson
(Address) 96 Fallsway

20. FILED NOV 10 1938 19..
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1938 to November 9, 1938

I last saw him alive on November 9, 1938 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myeloid Leukemia	Sept. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. de Gruchy M. D.

(Address) Baltimore City Hospitals

Huntington Williamed, W. Va.

5-3102
31885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X F 51885

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 123

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Mosley — If U. S. Veteran specify WAR

(a) Residence: No. 1509 Lakeview Ave St. Ward (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ruth

DATE OF BIRTH (month, day, year): 2/27/06

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Construction Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chauffeur

10. Date deceased last worked at this occupation (month and year): 9 mo

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia Charlotte Co

13. NAME Henry Mosley

14. BIRTHPLACE (city or town) (State or country): Charlotte Co Va

15. MAIDEN NAME Margaret Dogget

16. BIRTHPLACE (city or town) (State or country): Charlotte Co Va

17. INFORMANT (Address): Friends — JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Richmond Va Date 11/10 1938

19. UNDERTAKER (Address): Frank H. Elsom Co 238 N. Libert

Huntington Williams, Mgr

DEC 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Nov 9, 1938.

I last saw h[illegible] alive on Nov 9, 1938. Death is said to have occurred on the date stated above, at 6:50 a m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
	Appendicitis perforated	1937
followed by	Fecal fistula.	1937
	Hemorrhage & anemia	1938
Other contributory causes of importance:		

Was an operation performed? Yes Date of 10-25-38

For what disease or injury? Fecal fistula

Name of operation Excision & closure of fecal fistula

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Richard Ferguson, M. D.

(Address) Johns Hopkins Hosp

51886 E 51886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

OGK-38799 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-3 Ward) 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Antoinette Stefankiewicz (Stevens)

If U. S. Veteran specify WAR

(a) Residence: No. 813 S. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) May ? ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	69	6		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Casmer Kreban

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Antoinette ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 11/12/38

19. UNDERTAKER M. J. Sobolewski & Sons
(Address) 1502 Eastern Ave

20. FILED ... Registrar.
11 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1938 to 11-9, 1938

I last saw her alive on 11-9, 1938. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular disease	?
Ulcers of legs with gangrene	?
Other contributory causes of importance:	
Cardiac Failure	few days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51887

CERTIFICATE OF DEATH

383 V. 34 J. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2 2 Ward 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cornelius Gordon

(a) Residence: No. 115 N. Hill Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. ? 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 911 Eastern Date 11/7/38 19

19. UNDERTAKER J. E. Bruff Jr
(Address) 1611 E Monument St

20. FILED [illegible] Registrar.

NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24. 1938. to November 8. 1938

I last saw him alive on November 8. 1938. Death is said to have occurred on the date stated above, at 6.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) H. A. Lee Santjohn M. D.

(Address) Baltimore City Hospitals

C. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

51888

51888

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13 Ward) 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E Apfel

(a) Residence: No. 1095 Union Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Edward Apfel

6. DATE OF BIRTH (month, day, year) Nov 16 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~wife~~ none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME Charles Peacock

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Eleanora Lafferty

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Edward Apfel.

(Address) 1005 Union Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mass Hampden Date Nov 11 19 38

19. UNDERTAKER Franklin W Sadtler

(Address) 814 W Fayette St

20. FILED Nov 10 1938 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the above named, held an ~~Inquest~~ Inquiry thereon and from the evidence obtained by said ~~Inquest~~ Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel A Wolfe M. D.

(Address) 1331 E North Ave Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

889 CERTIFICATE OF DEATH V 137 F 51889

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William E. Roberts

(a) Residence: No. 3033 Walbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Cornelia J Roberts

7. DATE OF BIRTH (month, day, year) March 2nd 1858 May 3, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6 8	6 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister - retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0018

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
9	

12. BIRTHPLACE (city or town) Jefferson County. (State or country) West Virginia

13. NAME William E. Roberts

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Livinia Bell

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Nov 11th 1938

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna Aves.

20. FILED ... Huntington Williamson, W. Va. Registrar.

NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 26 1938, to November 9 1938.

I last saw him alive on November 9, 1938. Death is said to have occurred on the date stated above, at 8:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	10-31-38
Benign Prostatic Hypertrophy	1928?
Other contributory causes of importance:	
Pneumonia, Terminal	11-6-38

Was an operation performed? Yes Date of November 3, 1938

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Suprapubic Prostatectomy

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wesley J. Ketz M. D.

(Address) The Church Home & Inf

890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51890

CERTIFICATE OF DEATH

93c

Registered No. 27-19

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2600 Manhattan Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 73 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Edward Nunn
(a) Residence: No. 2600 Manhattan Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Effie L. Nunn

DATE OF BIRTH (month, day, year) Aug 29, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meyer & Thalheimer
10. Date deceased last worked at this occupation (month and year) Sept 38
11. Total time (years) spent in this occupation Baltimore Md.
12. BIRTHPLACE (city or town) (State or country)
13. NAME Stephen Nunn
14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.
15. MAIDEN NAME Louisa Krug
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Mrs. Effie L. Nunn
(Address) 2600 Manhattan Ave.
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Nov. 12, 1938
19. UNDERTAKER Wm. McCurdy & Sons
(Address) Howell & Agnes
20. FILED Huntington Williams Registrar

NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1938 to Nov. 10 1938
I last saw him alive on Nov. 10 1938. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 3/38
Failure	
Other contributory causes of importance: Myocardial Decompensation	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Sherman R. Wantz M. D.
(Address) 2601 Manhattan Ave

51891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 93 c F 51891

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E. Preston St., 10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia C. Burton

(a) Residence: No. 711 E. Preston St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry G. Burton

DATE OF BIRTH (month, day, year) Sept. 5, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 7 1935

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry L. Kendall

14. BIRTHPLACE (city or town) (State or country) Eastern Shore

15. MAIDEN NAME Alice Ann McCord

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Harry G. Burton

(Address) 711 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Date Nov. 14, 1938

Cathedral Cemetery

19. UNDERTAKER Edmund W. Conkling - Son

(Address) 5 E. Eastchippi St. Huntington Station, W. Va.

NOV 10 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to Nov. 8, 1938.

I last saw her alive on Nov. 8, 1938. Death is said to have occurred on the date stated above, at 12:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/8/38
hypertension	
myocardial degeneration	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Samuel Silverstein M. D.

(Address) 714 E. Preston St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51892

CERTIFICATE OF DEATH

V 131 F 51892

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp. St. 12-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Mary L. King

If U. S. Veteran specify WAR .....

(a) Residence: No. 434 E. 22nd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James King

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Milwaukee Wisconsin

13. NAME John Morris

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Day

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rev. Maurice King (Son)

(Address) 434 E 22 nd St

18. BURIAL, CREMATION, OR REMOVAL

Mt. Cathedral Cemetery Date Nov. 11, 1938

19. UNDERTAKER Elmer K. Conklin - Son

(Address) 923 E. Eager St. Baltimore, Md.

NOV 10 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938, to Nov. 9, 1938.

I last saw her alive on Nov. 9, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Cerebral accident	
Uremia	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. T. Lesaney, M. D.

(Address) Mercy Hospital

51893 HEALTH DEPARTMENT—CITY OF BALTIMORE 51893

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 508 So Charles St. 22 Ward) Hanover St 59

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ada Sachs Hanover St

(a) Residence: No. 508 So Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 9037
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Sam Korman
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Saga Liffka
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Edith Sachs
(Address) 508 So Charles St

18. BURIAL, CREMATION, OR REMOVAL: Hanover Hebrew Cem Date 11/11/38

19. UNDERTAKER: Jacob Lewis Inc
(Address) 1429 E Baltimore St

20. FILED: H. Lester Williams, Registrar

NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/9/38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1938 to Nov. 9, 1938

I last saw her alive on Nov. 3, 1938 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-renal Disease c. Thyroid Disease	Several years
b. Diabetes Mellitus	"
Other contributory causes of importance: Acute Cardiac Failure	1 hour

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. A. Surpman M. D.
(Address) 2340 Eastern Ave

51894 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51894

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N Gay St St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella May Brown

(a) Residence: No 1614 N Gay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Brown

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME Theodore German

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME Catherine German

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT George Brown
(Address) 1614 N Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltolem Date Nov 12th 38

19. UNDERTAKER Leo G. Cook
(Address) 1701 Druid Park Ave
Huntington Williams, Nurs

20. FILED NOV 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1934 to Nov 8, 1938.

I last saw her alive on Nov 7, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1936?

Other contributory causes of importance: Myocarditis. Chronic Interst. 1933? nephritis, arterio-sclerosis, Obesity

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Pugatkin, M. D.

(Address) 2338 Eutaw Pl.

895

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51895

CERTIFICATE OF DEATH

Registered No. 3990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Thomas Kanard Hindman

(a) Residence: No. Oxford St., ... Ward. Penna

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	~~Married~~ widower

6. If married, widowed, or divorced HUSBAND of (or WIFE of)

7. DATE OF BIRTH (month, day, year) June 20, 871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer 973

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Railroad Man

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Allison Hindman.

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Elizabeth Hughes

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Howard Hindman (Address) Oxford Pa

18. BURIAL, CREMATION, OR REMOVAL Place Oxford Pa Date Nov 13, 1938

19. UNDERTAKER C. L. Rogers (Address) Oxford Pa

20. FILED Nov 14 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1938 to Nov. 10, 1938

I last saw h[illegible] alive on Nov. 10 1938. Death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease.	
Coronary Adiposance, Coronary thrombosis	
Heart Block Hypertension	
Other contributory causes of importance	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Charles T. Clayton M. D.

(Address) 351 N Calvert St

F 51896

1896 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 27-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Stanley U. Geiselman

(a) Residence: No. 6012 Sefton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 27, 1919

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	8	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Odd Jobs
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ridgeville Vinegar Cider Co
10. Date deceased last worked at this occupation (month and year) Oct 26 1938
11. Total time (years) spent in this occupation 2 mo
12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Frederick N. Geiselman
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Grace N. Muse
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Frederick N. Geiselman
(Address) 6012 Sefton ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Nov. 11 1938
19. UNDERTAKER Mrs. Thos. John Dr. Gaudet & Son
(Address) 201 N. Fayette St.
20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1938 to Nov 8, 1938
I last saw him alive on Nov 8, 1938. Death is said to have occurred on the date stated above, at 5.20 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Generalized Peritonitis	4 days
Other contributory causes of importance Mesenteric Adenitis	10-26-38

Was an operation performed? Yes Date of 11-3-38
For what disease or injury? Appendix
Name of operation Resection cecum & Ileum
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Trump M. D.
(Address) St. Joseph's Hosp.

NOV 10 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51897

F 51897

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 E Pratt St Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Betty Catherine Daniels

(a) Residence: No. 2112 E Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Mitchell Daniels

7. DATE OF BIRTH (month, day, year) Dec 29, 1861

AGE: Years 87 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Louisa (State or country) Va

13. NAME of father Thomas Terry

14. BIRTHPLACE (city or town) Prince (State or country) Edward

15. MAIDEN NAME of mother Mary Forte

16. BIRTHPLACE (city or town) Louisa (State or country) Va

17. INFORMANT Henry Mitchell Daniels (Address) Chattanooga Tenn

18. BURIAL, CREMATION, OR REMOVAL Place Louisa Va Date 11/12 1938

19. UNDERTAKER (Address) 1210 E Pratt St

20. FILED NOV 14 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1938

22. I HEREBY CERTIFY, That I attended deceased from December 11 1921 to November 9 1938

I last saw h. alive on November 9 1938 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 1921

Other contributory causes of importance:

Uremia — Date of onset 10 24 38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert L. Mitchell M. D.

(Address) 1111 Druid Park Drive

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51898 — 93-T 51898

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St., 27-15 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Eliza Abbott

If U. S. Veteran specify WAR .....

(a) Residence: No. 2211 Rogers Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Abbott

7. DATE OF BIRTH (month, day, year) Oct 8, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. E. Home for the Aged

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Hickey

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Alpha Carney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 11 1938

19. UNDERTAKER William Cook

(Address) 1217 St Paul St Baltimore, Md

Registrar

FILED NOV 11 1938

VII 1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1938 to Nov 8 1938

I last saw her alive on Nov 7 1938 Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Other contributory causes of importance: Myocarditis Chronic	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. L. Harmon M. D.

11/10 (Address) 700 N. Eutaw Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51899

CERTIFICATE OF DEATH

1/31F 51899

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 533 N Fulton Ave St. 16-3 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lillie Holland

If U. S. Veteran specify WAR

(a) Residence: No. 533 N Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Everett P. Holland

DATE OF BIRTH (month, day, year) Oct 13, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Sept 1928

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas Henry

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Vickers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Minnie Holland 533 N Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place East Lake Cemetery Md Date Nov 12 1938

19. UNDERTAKER (Address) Wm Bolk 1217 E Pratt St

20. FILED Huntington Williams, Md Registrar.

NOV 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to Nov 9, 1938

I last saw her alive on Nov 7, 1938. Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Chronic Nephritis	
interstitial	1934
Other contributory causes of importance:	
Myocardial insufficiency	1 Wk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Martin L. Strobe M. D.

(Address) 524 Fulton Ave

Cofield

HEALTH DEPARTMENT—CITY OF BALTIMORE

51900 CERTIFICATE OF DEATH X 115-a F 51900

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leonard C Cofield

(a) Residence: No. Sparks, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 24-1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	17 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Henry C Cofield

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary B Naylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT My Mary B Cofield

(Address) Sparks Md

18. BURIAL, CREMATION, OR REMOVAL Mt Zion, Beltsville Date Nov 13 38

19. UNDERTAKER Edward C Lipton

(Address) Hampstead Md

NOV 11 1938 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938, to Nov. 10, 1938

I last saw him alive on Nov. 10, 1938 Death is said to have occurred on the date stated above, at 3 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tonsillitis	10-11-38
Bilateral empyema of maxillary sinuses	?
Staphlococcus albus, hemolyticus septicemia & multiple abscess	10-20-38
Other contributory causes of importance:	
Tessical Broncho-pneumonia	11-2-38

Was an operation performed? Yes Date of 11-1-38 11-9-38

For what disease or injury? Empyema of L.S. post surg.

Name of operation Incision & drainage

What test confirmed diagnosis? Blood culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. I. R. Ravell Jr. M. D.

(Address) University Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51901 F 51901

CERTIFICATE OF DEATH

209 M

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospitals St. 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Powdermaker

If U. S. Veteran specify WAR

(a) Residence: No. 2523 Liberty Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Powdermaker.

6. DATE OF BIRTH (month, day, year) Jany. 29, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Simon Jacoby.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Sauerine,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Morris Powdermaker,

(Address) 3901 Woodhaven Ave.

18. BURIAL, ~~CREMATION~~

Place Oheb Shalom Cem. Date Nov. 11, 1938

19. UNDERTAKER Harid Sondheim & Son

(Address) 1902 Eutaw Place

NOV 11 1938 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock Cerebral Hemorrhage	the
Fracture skull, right Temp	"
Right Mast	the

Other contributory causes of importance:

Run over by Trolley Car	the

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 9, 1938

Where did injury occur? Vicinity Liberty Heights & Reisterstown Rds. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On public highway

Manner of injury Struck by Trolley car

Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D.

Coroner

(Address) 2360 Eutaw Place.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51902

CERTIFICATE OF DEATH

3858 46-B

F-51902

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Roberts

If U. S. Veteran specify WAR

(a) Residence: No. 929 Shields Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ruth ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Douglass Park Date Nov 2 1938

19. UNDERTAKER E. Lee Hutchinson

(Address) E. S. Rennert Bros

20. FILED Nov 11 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938, to November 3, 1938

I last saw him alive on November 3, 1938. Death is said to have occurred on the date stated above, at 1:34 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. de Lee Smith M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51903 CERTIFICATE OF DEATH ✓ 131 F 51903

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Hudson Street St., 1-1 Ward)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 19 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME BENJAMIN ALBERT

(a) Residence: No. 3010 Hudson Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta Albert

7. DATE OF BIRTH (month, day, year) August 21, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Casper Albert

14. BIRTHPLACE (city or town) .....
(State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Mrs. Augusta Albert
(Address) 3010 Hudson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Pinewood Cem Date 11/14/38 19

19. UNDERTAKER John Ulbert
(Address) 2008 E Oriole St

NOV 11 1938 Huntington Hubbard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1931, to Nov 10 1938.
I last saw him alive on Nov 9 1938. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	?
Chronic Int Nephritis	?
Other contributory causes of importance: Pulmonary Edema	Last week

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alvin B Duncan M. D.

(Address) 7187 Pattison Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51904

F 51904

CERTIFICATE OF DEATH.

46-B

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 325 N. Payson St. 20-1 Ward)

(If death occurred in hospital or institution give its NAME instead of street and number.)

2-FULL NAME. George W. McKenzie

(a) Residence No. 325 N. Payson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

3a-If married, widowed, or divorced, HUSBAND of (or ~~WIFE of~~) Catherine Ellis McKenzie

6-DATE OF BIRTH (month, day and year) Dec 5, 1852

7-AGE. 85 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer). —

(c) Name of employer. —

9-BIRTHPLACE (city or town) (State or Country). Baltimore County

PARENTS.

10-NAME OF FATHER. Joseph McKenzie

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Howard County

12-MAIDEN NAME OF MOTHER. Rachel Pierce

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) Mrs Rex Hellman

(Address) 4 Forrest Ave Catonsville

15- NOV 11 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 10 193

17- I HEREBY CERTIFY, That I attended deceased from July 6 19 38 to Nov 10 19 38

that I last saw h alive on Nov 10 19 38

and that death occurred, on the date stated above, at 8 40 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Thyroidectomy

(Signed) L. A. Kelly M. D.

, 19 (Address) 3517 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem DATE OF BURIAL. 11/12 193

20-UNDERTAKER. Page & Farley ADDRESS Sutton Sta

F 51905 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51905

CERTIFICATE OF DEATH ✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 William St. 24-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alfred Zang

If U. S. Veteran specify WAR

(a) Residence: No. 1700 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine W. Zang

6. DATE OF BIRTH (month, day, year) April 29, 1890 ✓ His

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ✓ did

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Chas Zang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Powers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Kalvelage
(Address) 1804 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Mem. Date Nov. 12 38

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St

20. FILED NOV 11 1938 Huntington Williams, M.D.

V 8 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inqiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Thos Cullen M. D.
Coroner

(Address) 2757 Vers

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51906 CERTIFICATE OF DEATH 92-a F 51906

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 Allendale St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Sturmer

(a) Residence: No. 320 Allendale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late George W. Sturmer

6. DATE OF BIRTH (month, day, year) March 8, 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8 7	1 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME John Hagen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth M. Bruen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. James B. Thomas

(Address) 320 Allendale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov. 12, 1938

19. UNDERTAKER Harry H. Kuhlke

(Address) 4201 Edmondson Ave.

20. FILED NOV 11 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1930 to Nov 9th, 1938

I last saw her alive on Nov 8, 1938 Death is said to have occurred on the date stated above, at 12-05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Many Years
Chronic Myocardial and Endocardial Disease. (mitral insufficiency)	Many years duration
Other contributory causes of importance: Hypo static Pneumonia	4 days

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Mitchell M. D.

(Address) 7901 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

51907

CERTIFICATE OF DEATH

192-AF 51907

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Gilmor St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elisabeth Thal

(a) Residence: No. 514 S. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of late Stephen Thal

6. DATE OF BIRTH (month, day, year) Oct. 16, 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Katie Freeberger
(Address) 514 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
St. Paul's Druid Hill Park Nov 12/38

19. UNDERTAKER Harry E. Nitzke
(Address) 401 Edmondson Ave.
Huntington Williams, N.P.
Registrar.

NOV 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1938 to Nov 10th, 1938

I last saw h alive on Nov 9, 1938. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	Many yrs.
Mitral regurgitation	Many yrs.
Chronic myocarditis, interstitial	Many yrs.
hypertrophy — Chronic Bronchitis	
Other contributory causes of importance: Bronchopneumonia	5 days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.

(Address) 2401 Edmondson Ave.

352835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51908

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) 47-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Gentry

(a) Residence: No. 907 E Main St., ... Ward. New Albany Ind.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-26-03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME Henry Gentry

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Grace Clock

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Albany Ind Date Nov. 11 1938

19. UNDERTAKER John. C. Mosfull & Sons
(Address) 1900 Eutaw Pl.

20. FILED NOV 11 1938 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Nov 10, 1938

I last saw him alive on Nov 10, 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mass in Middle Lobe Rt Lung	Autumn
Terminal Pneumonia	?
Emphysema Rt chest	?
	Oct

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/25/38

For what disease or injury? Mass in middle Lobe Rt Lung

Name of operation 1st stage Pneumonectomy

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John F. Menke M. D.

(Address) Johns Hopkins Hosp.

VP 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51909 CERTIFICATE OF DEATH ✓108 F 51909

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Janet Mary Dean

(a) Residence: No. 1432 E. Fort Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 27, 1938

8. AGE: Years | Months: 2 | Days: 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Charles W. Dean
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Cleo Gable
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Charles W. Dean
(Address) 1432 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Cem. Date 11/12 '38

19. UNDERTAKER John J. Fahey & Sons
(Address) 1318 Light St.

20. NOV 11 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Nov 10, 1938.

I last saw h[illegible] alive on Nov 10, 1938. Death is said to have occurred on the date stated above, at 1[illegible]5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis	10-10-38
Other contributory causes of importance:	
Lobar Pneumonia	11-1-38

Was an operation performed? Yes Date of Oct 19-38

For what disease or injury? L Mastoiditis, right

Name of operation Mastoidectomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. R. Tennyson, M. D.

(Address) St. Joseph's Hosp.

F 51910

910 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

× 210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME H. Leslie Greninger

(a) Residence: No. Woodlawn, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian H. Greninger

6. DATE OF BIRTH (month, day, year) February 6, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter (Self)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year) Nov. 9, 1938

11. Total time (years) spent in this occupation 28 yrs.

12. BIRTHPLACE (city or town) (State or country) Woodlawn Maryland

FATHER

13. NAME John H. Greninger

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Fannie M. Sutch

16. BIRTHPLACE (city or town) (State or country) Woodlawn Maryland

17. INFORMANT Mrs. Lillian H. Greninger
(Address) Woodlawn, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Cemetery Date Nov. 12 1938

19. UNDERTAKER J. McCormack
(Address) 1003 W. Baltimore St.

NOV 12 1938 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of Brain	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Nov. 9, 193

For what disease or injury? Injury

Name of operation Decompresion Nov. 9, 1938

What test confirmed diagnosis? Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Nov. 9, 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Collision at Belveder Av. & Falls Rd

Nature of injury 2 (Two) Autos.

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) G. H. C. Allen M. D.
Coroner

(Address) 2757 W. North Ave.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

51911

CERTIFICATE OF DEATH

94-E 51911

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 422 E. Lafayette Ave (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thos Chas Stephens

If U. S. Veteran specify WAR No Record

(a) Residence: No. 422 E. Lafayette Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carrie Toldo Ste

6. DATE OF BIRTH (month, day, year): Jan 21-1857

7. AGE: Years 81 | Months 9 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Doddsville

FATHER

13. NAME: Thos A Stephens

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs Carrie T. Stephens

(Address): 422 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodland Mem. Date: 11/14/38

19. UNDERTAKER: Wm. Cook

(Address): 1215 St Paul St

20. FILED: NOV 12 1938 Huntington Hill Registrar, N.F.

MEDICAL CERTIFICATE OF DEATH 8:00 AM

21. DATE OF DEATH (month, day, year): Nov. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 10 1938, to November 11, 1938

That I last saw him alive on November 4, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion.	Nov 10

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip D Hoge, M. D.

(Address) 423 E. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

1912

CERTIFICATE OF DEATH

F 51912

46-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2751 Fenwick Av St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella V Hines

(a) Residence: No. 2751 Fenwick Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William M Hines

6. DATE OF BIRTH (month, day, year) March 10 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year) July 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William H Grover

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Sarah Clark

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Grace Skinner
(Address) Glenburnie Md

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem Date Nov 12 1938

19. UNDERTAKER William Cook
(Address) 217 S Paul Stree Huntington W Va

NOV 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9 1938 to Nov 9 1938

I last saw her alive on Nov 9 1938 Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach-liver	8 mo

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Storms M. D.

(Address) 2878 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

1913

CERTIFICATE OF DEATH

F 51913

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltc. City Hospitals St. 27-10 Ward)

life

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lilly Goodwin

(a) Residence: No. 515 Beaumont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George

6. DATE OF BIRTH (month, day, year) 7/29/1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85 85	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ph

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Joseph Allison

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Maria Hall

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Toronto Date Nov 14 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul st

20. FILED NOV 12 1938 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938, to November 11, 1938

I last saw her alive on November 11, 1938. Death is said to have occurred on the date stated above, at 1:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct. 1938
Other contributory causes of importance:	
No	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. DeSantella, M. D.

(Address) Baltimore City Hospitals

51914 HEALTH DEPARTMENT—CITY OF BALTIMORE 51914

CERTIFICATE OF DEATH 130

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5301 Liffle Ave. St. 26-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 31 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Agnes M. Esterling
(a) Residence: No. 5301 Liffle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Esterling

6. DATE OF BIRTH (month, day, year) Nov. 13, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	28 27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0097
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Vincent Wilk
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Agnes
16. BIRTHPLACE (city or town) (State or country) Country

17. INFORMANT (Address) Walter F. Esterling 5301 Liffle ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov. 12 1938

19. UNDERTAKER Frank Leach & Son (Address) 1906 Eutaw ave

20. FILED NOV 12 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Surgery (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Surgery (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Acute Glomerular Nephritis	

Other contributory causes of importance: Uremia No

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenken Coroner, M. D.
(Address) Coroner

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51915

915

CERTIFICATE OF DEATH

164a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 E Centre St St. 11-7 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Clyde Leon Burch

(a) Residence: No. 22 E. Centre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Burch

6. DATE OF BIRTH (month, day, year) Jan 14 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	10	3 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Thomas A Burch

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Ida M Watkinson

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Ralph L. Burch

(Address) Berkley W Va

18. BURIAL, CREMATION, OR REMOVAL

Place Lone Hill, Cumberland Date 11/12/38

19. UNDERTAKER Wm Cook

(Address) 19 17 St Paul St

20. FILED NOV 12 1938

Huntington Williams, M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by such Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Illuminating Gas	11-8-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 8, 1938

Where did injury occur? 22 E. Centre St Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation - Carbon monoxide

Nature of injury Gas poisoning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel Wolfe, M. D.
Coroner

(Address) 1321 E Monument

51916 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51916

CERTIFICATE OF DEATH

23 CC

Registered No. 872

1. PLACE OF DEATH Bello City Hospital

CITY OF BALTIMORE: (No. Bay View St., 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Collins

(a) Residence: No. 0 0 S. Conkling St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Collins

6. DATE OF BIRTH (month, day, year) July 4 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Knoxville Tenn

FATHER

13. NAME Samuel Collins

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Francis Jenkins

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Mary Collins Wife

(Address) 0 0 S Conkling St.

18. BURIAL, CREMATION, OR REMOVAL Mary (Place) Sacred Heart Date 11/17 1938

19. UNDERTAKER Leonard D. Cunnington

(Address) 1 W. 20th St

20. FILED 19 Registrar

NOV 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Advanced, both lungs.	Chron. 1933

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

1917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51917

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. ... St. 12-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Frank Witmyer If U. S. Veteran specify WAR PTE

(a) Residence: No. RFD #1, Box 25a, Pasadena, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) April 26, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.0.1

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York (State or country) Penna.

FATHER

13. NAME Daniel Witmyer

14. BIRTHPLACE (city or town) ? (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country) Penna.

17. INFORMANT Records, U.S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Balto National Date 11-12, 1938

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins sts

NOV 12 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1938, to November 10, 1938

I last saw him alive on Nov. 10, 1938. Death is said to have occurred on the date stated above, at 2:25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, mitral stenosis, rheumatic origin	Unknown
Other contributory causes of importance: Thrombosis, aorta and left iliac artery	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) K R Bryant M. D.

(Address) U.S. Marine Hospital, Balto, Md.

VD 3

1918 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 51918

CERTIFICATE OF DEATH

22-D

UGK--38689

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Huedling

(a) Residence: No. 121 S. Loudon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara

6. DATE OF BIRTH (month, day, year) Jan. 6, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise Hopp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Nov 12 1938

19. UNDERTAKER Tilly & Eiler Inc.
(Address) 4031 S. Monroe St

FILED NOV 12 1938 19 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1938 to November 9, 1938

I last saw him alive on November 9, 1938. Death is said to have occurred on the date stated above, at 1.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

1919 :

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51916

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mon. ds.

2. FULL NAME Daniel Barbu

If U. S. Veteran specify WAR

(a) Residence: No. 300 S. Newkirk St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) May 23 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 53	6 5	? 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill work unk. - Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER

13. NAME Ali Barbu

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Hafiron ? Corneac

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT Elizabeth Barbu

(Address) 300 S. Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Harmon Cem. Date Nov. 12 19 38

19. UNDERTAKER Howard N. Bright Jr.

(Address) 4914 Bear Road

20. FILED NOV 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from November 8. 38 to November 10. 38

I last saw him alive on November 10. 38 Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Lo Sanfilo M. D.

(Address) Baltimore City Hospitals

920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51920

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S.Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 42-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Garfield Hylton If U. S. Veteran, specify WAR World War

(a) Residence: No. St., Ward. Wilkenson, West Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ramsay Hylton

6. DATE OF BIRTH (month, day, year) June 23, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 2-1-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Radford Virginia

FATHER

13. NAME Frank Hylton

14. BIRTHPLACE (city or town) (State or country) ? Virginia

MOTHER

15. MAIDEN NAME Lucinda Jenkins

16. BIRTHPLACE (city or town) (State or country) ? Virginia

17. INFORMANT (Address) Records, U.S.Marine Hospital, Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Charleston W Va Date Nov 18 3[illegible] 19

19. UNDERTAKER H.H Mayfield (Address) 3539 Gall Rd

NOV 12 1938

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from July 12 19 38 to November 11 19 38

I last saw him alive on November 11 19 38 Death is said to have occurred on the date stated above, at 11:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, primary, left bronchus	About 11 mos.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K K Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

51921 E 51921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Fort Holly St St. 16-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Joseph McGuiness

If U.S. Veteran specify WAR .....

(a) Residence: No. 623 Fort Holly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. McGuiness

6. DATE OF BIRTH (month, day, year) Nov. 22 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traffic Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Biscuit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John J. McGuiness

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary E. McGuiness
(Address) 623 Fort Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 14, 38

19. UNDERTAKER John L. Moran
(Address) 3000 E. Balto St

Huntington Millgate, Md.

NOV 12 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Nov 10, 1938

I last saw him alive on Nov 8, 1938 Death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1937
Tuberculosis of left elbow	1937

Other contributory causes of importance:

Was an operation performed? No Date of 3/24/38

For what disease or injury? Tuberculosis Elbow, left

What test confirmed diagnosis? Clinical Course Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Henry F. Lemmert, M. D.

(Address) 104 W. Madison St.

51922 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 38777 (38)

Registered No. 51922

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-4-2 Ward) 139a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Virginia Cornell

(a) Residence: No. 732 E. Fort Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Phillip Cornell

6. DATE OF BIRTH (month, day, year) 6/29/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Thompson (d)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Wood (d)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 14, 1938

19. UNDERTAKER John M Weber

(Address) 401 N. Charles St

20. FILED Nov 14 1938 Wm. J. Fenton Wilkens, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1938 to 11-10-1938

I last saw her alive on 11-10-1938 Death is said to have occurred on the date stated above, at 4.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ovarian Cyst with Ascites	?
Cardiac Failure	?
Broncho Pneumonia	Few days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Kirkwood Ford, M. D.

(Address) Balto City Hosp

V05

19 AAA

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E F 51923

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Belnord Ave Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Konrath

(a) Residence: No. 124 N. Belnord Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) April 10 1860

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1927

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Steinze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Brown
(Address) 124 N Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov 14 1938

19. UNDERTAKER Martin W. & Dippel
(Address) 315 S Ann St

20. FILED ..... 19 ..... Registrar.

NOV 12 1938 Washington Hillcrest, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 38 19... to Nov 10 38, 19... I last saw h.. alive on Nov 10 - 38 12 M. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Pyelonia	Oct 1937

Other contributory causes of importance:

none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. W. Herrmann M. D.

(Address) 2913 E Balto St.

51921 HEALTH DEPARTMENT—CITY OF BALTIMORE E-51921

CERTIFICATE OF DEATH

Registered No. 1820 CC

1. PLACE OF DEATH House

CITY OF BALTIMORE: (No. 713 S. Luzerne ave St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Joseph Smolinski

If U. S. Veteran specify WAR

(a) Residence: No. 713 S. Luzerne Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Smolinski

6. DATE OF BIRTH (month, day, year) Feb 22-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year) Nov 5-1938

11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Smolinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Price

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Smolinski

(Address) 713 S. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Nov 14 1938

19. UNDERTAKER Marlow H. Leffler

(Address) 32 [illegible]

20. FILED NOV 12 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death in the city stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 9 1938
Asphyxia by fed Clothing over face	
Other contributory causes of importance: Chronic Myocarditis	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 9, 1938

Where did injury occur? 713 S. Luzerne Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place House

Manner of injury Face down on pillow

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

51925 HEALTH DEPARTMENT—CITY OF BALTIMORE E 51925

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Helen Hughes (37806)

If U. S. Veteran specify WAR

(a) Residence: No. 1320 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 12, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Hughes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ada

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Int Auburn Date 11/14 1938

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Broadway

20. FILED NOV 12 1938 Huntington Williams, Nyst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1938, to November 10, 1938

I last saw her alive on November 10, 1938 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	October 1938?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51926 CERTIFICATE OF DEATH ✓ 108 F 51926

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Rigg Jr. If U. S. Veteran specify WAR

(a) Residence: No. 1411 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Edward Rigg

14. BIRTHPLACE (city or town) (State or country) Hooksett N. H.

MOTHER

15. MAIDEN NAME Anne Trubecka

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Anne Rigg (Address) 1411 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date Nov. 14th 1938

19. UNDERTAKER George A Weber (Address) 705 S Ann St

DATE RECEIVED NOV 12 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11- 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-8- 1938 to 11-11- 1938

I last saw him alive on 11-11- 1938 Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-3-38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Cunyot M. D.

(Address) St. Joseph Hosp.

VS 2

1927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51927

CERTIFICATE OF DEATH 37793 (Vol 94-D)

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Paul

(a) Residence: No. 505 N. Glover Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 12/23/64

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jamon Paul

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Teppert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place M.V. Carroll Etz. Date Nov. 14 38

19. UNDERTAKER John C. Miller
(Address) 2224 E. Pierce St.

20. FILED NOV 12 1938 Huntington Hillman, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 25, 38 to November 10, 38

I last saw him alive on November 10, 1938. Death is said to have occurred on the date stated above, at 10 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-7-38
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

V0 8

1938 905

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51928

CERTIFICATE OF DEATH

7-5 V 72-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 V 72-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse M Halle

(a) Residence: No. Esplanade apts. (Usual place of abode) St. Eutaw Pl Ward. New York City N.Y. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11-30-00

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesmanager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Myers Halle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Myra Mann

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Bals. Meb. Cem. Date Nov. 13 1938

19. UNDERTAKER Aaird Sondheim & Sons (Address) 1902 Eutaw Place

NOV 12 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to Nov 11, 1938

I last saw h. alive on Nov 11, 1938 Death is said to have occurred on the date stated above, at 4:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Hodgkins Disease	2

Other contributory causes of importance:

— 0 —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy and Aut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify: .....

(Signed) J. A. Grepman M. D.

(Address) Johns Hopkins Hospital

VS 3

F 51929

51929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 13-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Ewert

If U. S. Veteran specify WAR

(a) Residence: No. 712 Bay Street St., Ward.

(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Ewert

6. DATE OF BIRTH (month, day, year) June 4, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto County

FATHER

13. NAME Leonard Feuerle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Fortner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles W. Ewert
(Address) 712 Bay St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov. 14, 1938

19. UNDERTAKER Paul Bruno Sons Inc
(Address) 118 W. Fayette Royal Ave

20. FILED 19 Registrar

Huntington Embalming Co.

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-4, 1938, to 11-11, 1938

I last saw her alive on 11-11, 1938. Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiovascular Collapse	11-1-38
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jon Scott, M. D.

(Address) Maryland General Hospital

51930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51930

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Edgewood St. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs., ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Piquett

If U. S. Veteran specify WAR

(a) Residence: No. 404 Edgewood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 13, 1887

7. AGE: Years: 51 | Months: 2 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk in a

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John T. Piquett

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Louisa F. Hipp

16. BIRTHPLACE (city or town) (State or country): Stuts!

17. INFORMANT: Mr Piquett

(Address): 404 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Nov. 14, 1938

19. UNDERTAKER: Lida Wiedefeld

(Address): Funeral Home

20. NOV 12 1938 (Registrar) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1937 to Nov. 11, 1938

I last saw him alive on Nov 11, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer R. Lung	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Bronchoscopic Exam.

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Thos. E. Tilden M. D.

(Address) 3 W. Preston St.

VR 3

F 51931 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51931

CERTIFICATE OF DEATH

92-a CC

Registered No. 1372

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George Washington Knight

(a) Residence: No. 3908 Fait Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Cup)

5a. If married, widowed, or divorced, HUSBAND of ~~or WIFE of~~ Malinda Knight

6. DATE OF BIRTH (month, day, year) Feb 14 - 876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Knight

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary C. White

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ms. Lillie Dorsey Sister

(Address) 3908 Fait Ave. City

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov. 12 1938

19. UNDERTAKER John G. Connelly Esq.

(Address) ...

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 Minutes
Other contributory causes of importance: Cardiac Renal Disease	1 Year

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

OCCUPATION IS VERY IMPORTANT.

10-27-1938

38539 54

HEALTH DEPARTMENT—CITY OF BALTIMORE 51932

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8 - E Ward) 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Sinto

If U. S. Veteran specify WAR .....

(a) Residence: No. 1202 N Collington AVE St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov - 1 - 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (yrs.hrs.) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Maria Sinto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Papaleino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Ricard's
(Address) ~~Johns Hopkins Hospital~~

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Baltimore Md~~ Date NOV 12 1938
Commissioner of Health

19. UNDERTAKER Pvt H. A. Moore
(Address) Huntington Williamsport, Md.

NOV 12 1938

4421

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to Nov 6, 1938.

I last saw him alive on Nov 6, 1938. Death is said to have occurred on the date stated above, at 10 2p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	
Other contributory causes of importance: aspiration pneumonia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. O. Stoflet Jr. M. D.

(Address) Johns Hopkins Hosp

51933

HEALTH DEPARTMENT—CITY OF BALTIMORE

51933

CERTIFICATE OF DEATH

K 1,86-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospitals St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura V. Cullison

If U. S. Veteran specify WAR.

(a) Residence: No. Upperco, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Cullison

6. DATE OF BIRTH (month, day, year) June 4th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Upperco, Md. (State or country)

FATHER

13. NAME George Bosom

14. BIRTHPLACE (city or town) Upperco, Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Morfott

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mr. Charles Cullison

(Address) Upperco Md.

18. BURIAL, CREMATION, OR REMOVAL

Grace Church-Balto Co. Md. Date Nov 14th 1938

19. UNDERTAKER J. Edward Tipton

(Address) Hampstead Md. Huntington Hotline, Md.

20. FILED NOV 12 1938 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1938

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur	

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/29, 1938.

Where did injury occur? Upperco Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In back yard at home

Manner of injury Fractured by fall

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. Hann M. D.

Coroner

(Address) 1216 Hanover

OCCUPATION is very important. See instructions on back of certificate.

51934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 51934

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Fairmount Ave. 15-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcus Snyder Muth

If U. S. Veteran specify WAR None

(a) Residence: No. 3405 Fairmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada V. Muth

6. DATE OF BIRTH (month, day, year) January 10 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Food

10. Date deceased last worked at this occupation (month and year) November 37

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Caspar Muth

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ada V. Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ada V. Muth

(Address) 3405 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov. 17 1938

19. UNDERTAKER H. Reuwer & Sons

(Address) Mount & L

NOV 12 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

(OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.)

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51935

CERTIFICATE OF DEATH

86 F 51935

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Chesapeake Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Shirley McNeely

If U.S. Veteran specify WAR ...

(a) Residence: No. 1812 Chesapeake Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced	6. DATE OF BIRTH (month, day, year)
HUSBAND of (or) WIFE of	March 3 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Al McNeely

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Maggie Johnson

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT (Address) Maggie McNeely 1812 Chesapeake Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Nov. 12 1938

19. UNDERTAKER (Address) Robt E Williams 1615 McElderry

20. NOV 13 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/9 1938 to 11/11 1938

I last saw h[illegible] alive on 11/9/38 1938 Death is said to have occurred on the date stated above, at 12- m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	11/9/38

Other contributory causes of importance: Definition

Was an operation performed? No Date of X

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ... 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Huntington Williams M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51936 CERTIFICATE OF DEATH 99 F 51936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 5-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.... mos. 8 ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME John Sheppard

If U. S. Veteran specify WAR

(a) Residence: No. 111 Melrose Ave St., ...Ward. Catonsville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Gover

6. DATE OF BIRTH (month, day, year) June 15, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Sheppard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah L. Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date NOV. 17 19 38

19. UNDERTAKER Easton Bros
(Address) 1 Washington Place

20. FILED NOV 13 1938 Harrington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 19.... to ..... 19....

I last saw him alive on Nov 11, 1938 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	Nov 2
Other contributory causes of importance:	

Was an operation performed? Yes Date of Nov. 3, 1938

For what disease or injury? Mesenteric Thrombosis

Name of operation Resection of intestine Anastomosis

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Karl F. Mech, M. D.

(Address) St. Agnes' Hospital

V0 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51937 — CERTIFICATE OF DEATH — F 51937

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME FRANK GORDY

If U. S. Veteran specify WAR .....

(a) Residence: No. Salisbury Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Gordy

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benson P. Gordy

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dashiell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Gordy
(Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Date Nov. 12, 1938

19. UNDERTAKER Holloway & Co
(Address) Salisbury Md

20. NOV 13 1938 Livingston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from NOV. 8, 1938 to NOV. 11, 1938

I last saw him alive on NOV. 11, 1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRAIN ABSCESS?	
BRAIN TUMOR?	NOV. 23
VASCULAR ACCIDENT?	

Other contributory causes of importance:
MALNUTRITION
DEHYDRATION

Was an operation performed? YES Date of NOV. 11, '38

For what disease or injury? BRAIN ABSCESS.

Name of operation L.F.T. TEMP. CRANIOTOMY

What test confirmed diagnosis? CLIN. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward McGee M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51938

CERTIFICATE OF DEATH

✓ 126 F 51938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. 0-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Gertrude Schwalenberg

If U. S. Veteran specify WAR

(a) Residence: No. 503 N. Longwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schwalenberg

6. DATE OF BIRTH (month, day, year) 4/29/96

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
42	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Otto Schmelzer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Knopp

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry Schwalenberg

(Address) 503 N. Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov. 15 1938

19. UNDERTAKER George L. Schwab

(Address) 2131 Pennsylvania Ave. Huntington, West Va.

20. FILED NOV 18 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1938, to 11-11, 1938

I last saw her alive on 11-11, 1938. Death is said to have occurred on the date stated above, at 6:40 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Generalized Septicemia following Cholecystectomy	10-21-38
(2) Terminal pneumonia	11-9-38

Other contributory causes of importance:

Rt. parotitis

Left lower ext thrombophlebitis

Was an operation performed? Yes Date of 10-15-38

For what disease or injury? Cholecystitis & Lithiasis + Retained Diagnostic Catheter

Name of operation Cholecystectomy, Emmett plastic

What test confirmed diagnosis? Ob. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Brouillet, M. D.

(Address) Bon Secours Hosp.

1/2 hr

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51939 — CERTIFICATE OF DEATH — 7-5-B — F 51939

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clara Shipley

(a) Residence: No. Fork. Balto. County St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of George Shipley

6. DATE OF BIRTH (month, day, year) Jan 25-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Reichard

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo. Shipley

(Address) Fork Md.

18. BURIAL, CREMATION, OR REMOVAL St Johns Longueuil Date Nov 15 1938

19. UNDERTAKER Clarence E. Arthur

(Address) Fork Md.

NOV 13 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1938 to November 12, 1938

I last saw her alive on November 12, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardio Vascular Disease
Subacute Endocarditis
Cerebral Embolism

Date of onset

Other contributory causes of importance:

Generalized Fibrillation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hilliard Cohn M. D.

(Address) Sinai Hospital

V8 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

51940

CERTIFICATE OF DEATH

X/107-aF 51940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 11-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Greta Grason

If U. S. Veteran specify WAR

(a) Residence: No. Towson Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md.

FATHER

13. NAME C. Gus. Grason

14. BIRTHPLACE (city or town) (State or country) Towson Md.

MOTHER

15. MAIDEN NAME Muriel S. Groves.

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT C. Gus. Grason

(Address) Towson Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date Nov. 15 1938

19. UNDERTAKER John Burns' Sons

(Address) Huntington, West Virginia

NOV 13 1938 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-17 1938 to 11-12 1938

I last saw h.CK. alive on 11-12 1938. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Infectious Arthritis	2 yrs.
Acute Nephritis	5 days
Other contributory causes of importance:	
Bronchopneumonia	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward F Cotter M. D.

(Address) University Hospital

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51941

CERTIFICATE OF DEATH

F 51941

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. 1 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Klein

(a) Residence: No. Ellicot City, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced (or) WIFE of Amelia

6. DATE OF BIRTH (month, day, year) April 22, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not known

10. Date deceased last worked at this occupation (month and year) not known

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Klein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Friskey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT self (or wife).
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Nov 15 1938

19. UNDERTAKER J. C. Negus & Son
(Address) Ellicott City, Md

NOV 13 1938

Huntington Williams, M.D.
Registrar

OCCUPATIONS is very important. Be particular.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1938, to Nov. 12, 1938

I last saw him alive on Nov. 12, 1938. Death is said to have occurred on the date stated above, at 5:08 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	July 1937

Other contributory causes of importance:

Metastases, esp. to liver
secondary hemorhage

Was an operation performed? Yes Date of 10/15/38

For what disease or injury? Carcinoma of rectum

Name of operation Colostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wilbur S. Brooks, M. D.

(Address) Mercy Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51942

CERTIFICATE OF DEATH

F 51942

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pimlico Race Track

CITY OF BALTIMORE: (No. 12-V St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME H. Clay Miller

If U. S. Veteran specify WAR

(a) Residence: No. Cambridge Arms Apts St. Charles St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~Widowed~~, or ~~Divorced~~ HUSBAND of ~~(or WIFE of)~~ Florence Dorsey Miller

6. DATE OF BIRTH (month, day, year) Aug 14th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Theo Klein Miller

14. BIRTHPLACE (city or town) (State or country) London Co Virginia

MOTHER

15. MAIDEN NAME Mary L Bradley

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

17. INFORMANT Mrs H Clay Miller

(Address) Cambridge Arms Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Balto Date Nov 14th 1938

19. UNDERTAKER Henry W Jenkins & Son

(Address) Eutaw & Lanvale Sts Baltimore Md

NOV 13 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	July 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H Cowan, M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51943

CERTIFICATE OF DEATH

182-M F 51943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Prohorn St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Lee Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 1714 Prohorn St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Virginia Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. NAME James E. Lee Sr.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Virginia Lee

(Address) 1714 Prohorn St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 14 1938

19. UNDERTAKER V. A. Brooks

Address 1423 N. Carey St

NOV 13 1938 Huntington Williams, Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

Probably Diarrhea

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 11 1938

Where did injury occur? 1714 Prohorn St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell out of bed

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 210 Fremont

State CAUSE OF DEATH in plain terms. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51944

CERTIFICATE OF DEATH

46-BF 51944

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Goldberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 60 Market Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Goldberg

6. DATE OF BIRTH (month, day, year) 7-20

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 8

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yehuda Leib Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Turkenitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. A. Goldberg

(Address) 913 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 11-13-38 19

19. UNDERTAKER Sol Levin Inc.

(Address) 1539 E. Baltimore St

20. FILED NOV 13 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938 to Nov. 11, 1938

I last saw him alive on Nov. 11, 1938 Death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach with metastases.	6 mos ago
Other contributory causes of importance: Terminal bronchopneumonia	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. D. Fisher M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51945

CERTIFICATE OF DEATH

94-BF 51945

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital St. 3-2 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Shapiro
If U. S. Veteran specify WAR

(a) Residence: No. 17 S. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Shapiro

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER
13. NAME Jesel Shapiro
14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER
15. MAIDEN NAME Mary Leah
16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT Mrs. Blaustein
(Address) 3402 Wood Brook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Northern Ave Date 11-13-38 19

19. UNDERTAKER Jacob Levin Inc.
(Address) 1439 E. Balto. St.

NOV 13 1938 Huntington Millmore Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1938 to November 12, 1938

I last saw him alive on Nov. 12 - 1938 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion -	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Hellrand Cohn M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51946

CERTIFICATE OF DEATH

94-B

F 51946 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3226 Tioga Parkway Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Solomon Epstein

If U. S. Veteran specify WAR

(a) Residence: No. 3226 Tioga Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nachmin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 11/13/38

19. UNDERTAKER Louis Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED NOV 13 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938 to Nov. 11, 1938

I last saw him alive on Nov. 11, 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 days
Other contributory causes of importance: Arteriosclerosis	Chronic
None	

Was an operation performed? Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Williams M. D.

(Address) 2310 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51947

CERTIFICATE OF DEATH

82-AF 51947

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 W. Cross St. 21-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Walther Sr.

If U. S. Veteran specify WAR no.

(a) Residence: No. 751 W Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Walther

6. DATE OF BIRTH (month, day, year) Dec 14, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blonde Candy Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Walther

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry Walther

(Address) 4537 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Western, Date Nov. 14 1938

19. UNDERTAKER Mc. Nus. John W. Tufel & Son

(Address) 1 E. Fayette St

20. FILED NOV 13 1938 Registrar Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1938 to Nov 10, 1938

I last saw h~~im~~ alive on Nov 10, 1938 Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days ago
Other contributory causes of importance: none	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fanny Gates M. D.

(Address) 522 Scott St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51948 — 59 F 51948

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 1st (W'ld)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Schapiro

(a) Residence: No. 823 Chauncey Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (or) WIFE of: Abraham

6. DATE OF BIRTH (month, day, year): Nov. 9. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 403

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham Feinstein

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Abraham Schapiro

(Address) 823 Chauncey Ave

18. BURIAL, CREMATION, OR REMOVAL: H.M. Windsor Mill Rd Date NOV 13 1938

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1124-26 W North ave

Huntington Williams, M.D.
Registrar.

NOV 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/11/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 11/6 19 38 to 11/11/38 19 ..... I last saw h[illegible] alive on 11/11/38 19 ..... Death is said to have occurred on the date stated above, at 11.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	11 [illegible]

Other contributory causes of importance:
Diabetes Mellitus.
Hypertension - mild

Was an operation performed? Yes Date of 11/10/38

For what disease or injury? Pneumonia Decompression

Name of operation Craniotomy & Decompression

What test confirmed diagnosis? Opth. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, state .....

(Signed) Elliot Kirr M. D.

(Address) Sinai Hospital

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51949

CERTIFICATE OF DEATH

93-CF 51949

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 W. Lafayette Ave. St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Hegler,

(a) Residence: No. 2818 W. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredericka E. Hegler,

6. DATE OF BIRTH (month, day, year) February 24, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christopher Hegler,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bertha Pohlmyer,

(Address) 2818 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL NOV 15 1938

Place Woodlawn Date 19

19. UNDERTAKER Geo W. Little

(Address) 2700 Edmondson Ave.

20. FILED NOV 13 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 12 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from August, 1935 to Nov 12, 1938.

I last saw h[illegible] alive on Nov 11th, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis

Chronic Myocardial disease with Cardiac Hypertrophy and Hypertension

Date of onset: several years

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Mitchell M. D.

(Address) 2901 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that a layman may understand it. See instructions on back of certificate.
OCCUPATION is very important.

F 51950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 51950

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 W. Saratoga St. 18-2 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard P. Johnson

U.S. Veteran (specify WAR)

(a) Residence: No. 1033 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion

6. DATE OF BIRTH (month, day, year) 12-3-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) Oct 25 1938

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

FATHER

13. NAME Ira Johnson

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

MOTHER

15. MAIDEN NAME Bessie Davis

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

17. INFORMANT Ethel Johnson (Aunt)
(Address) 1026 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkville Md Date Nov 14 1938

19. UNDERTAKER Charles S. Cropp
(Address) 1420 Eutaw St

NOV 13 1938 Huntington Williams, Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Injury) [illegible] that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia Phthisis — Date of onset Nov 2 1938

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. S. Allen M. D.

(Address) 507 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 86

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51951

CERTIFICATE OF DEATH

157-D F 51951

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2200 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Valdivia

If U. S. Veteran specify WAR .....

(a) Residence: No. 2912 Dupont Terr St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1938.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	-	-	12 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Emilio Ricardo Valdivia

14. BIRTHPLACE (city or town) San Esperanza
(State or country) Cuba

MOTHER

15. MAIDEN NAME Barbary Arnold

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Emilio R. Valdivia
(Address) 2912 Dupont Ter

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet Cemetery Date Nov 17 1938

19. UNDERTAKER Edmondson & Son
(Address) 3618-17 Eastern Ave

20. FILED NOV 13 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 11:43 A.M. Nov. 12, 1938. to 11:12 P.M. ..., 1938.
I last saw her alive on Nov. 12, 1938. Death is said to have occurred on the date stated above, at 11:12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Howard A. Carter, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51952

CERTIFICATE OF DEATH

94 F 51952

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3421 Virginia Ave St. 27-Hb Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ANDREW L. KIMBALL

(a) Residence: No. 3421 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie S. Kimball

6. DATE OF BIRTH (month, day, year) July 9, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

FATHER

13. NAME Leroy Kimball

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Annie Lamb

16. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

17. INFORMANT Mrs. Carrie S. Kimball
(Address) 3421 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 14-38

19. UNDERTAKER J. B. Tippett & Son
(Address) 1300 EUTAW PLACE.

20. NOV 13 1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11-38 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1938 to Nov 11, 1938

I last saw h. alive on Nov 1, 1938. Death is said to have occurred on the date stated above, at 7-P. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) M. D.

(Address) 4710 Liberty Hts

OCCUPATION is very important. See instructions on back of certificate.

VS 3

B 52 101

HEALTH DEPARTMENT—CITY OF BALTIMORE

51953

CERTIFICATE OF DEATH

49-a F 51953

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henrietta Binney - (Penn) — If U. S. Veteran specify WAR

(a) Residence: No. 221 W. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Melvin

6. DATE OF BIRTH (month, day, year): 12-19-96

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Texas

FATHER

13. NAME: Henry Lightfoot

14. BIRTHPLACE (city or town) (State or country): Alabama

MOTHER

15. MAIDEN NAME: Etta Wooten

16. BIRTHPLACE (city or town) (State or country): Mississippi

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: Date: Nov 17-1938

19. UNDERTAKER: Siffert & Sons
(Address) 1300 E. Fayette St.

NOV 13 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1928, to Nov 12, 1938

I last saw her alive on Nov 12, 1938. Death is said to have occurred on the date stated above, at 5:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction,	May 1938
mechanical (due to)	
Carcinomatosis peritonei,	
Carcinoma ovary	May 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 28, 1937

For what disease or injury? Carcinoma ovary

Name of operation: Hysterectomy, bilat salpingo oophorectomy

What test confirmed diagnosis? Path. Study Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. S. Stevenson M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

VS 3

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51954

CERTIFICATE OF DEATH.

94-B

F 51954

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 218 N Munford ST., 6A-3 WARD)

2-FULL NAME Alice Hammond

(a) RESIDENCE NO. 218 N Munford ST., 2A- WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fmail	C.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	11 LESS than 1 day, hrs or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Peck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Laura Hayes

(Address) 218 N Munford St.

NOV 13 1938 Filed Huntington Millgrove, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11th 1938

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1938, to Nov. 10, 1938

that I last saw him alive on Nov 10, 1938

and that death occurred, on the date stated above, at 10 1. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos. d.

CONTRIBUTORY (Secondary) Pyelitis. Yrs age.

(duration) yrs. mos. d.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Phy. Exam.

(Signed) C H Meyer D, M. D.

, 19 (Address) 1501 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Cemet.

DATE OF BURIAL Nov 14 1938

20 UNDERTAKER Elroy O Wilson

ADDRESS 1000 Brantley

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51955 — CERTIFICATE OF DEATH — 46-B F 51955

Registered No. 25-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Sycamore Ave. St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William J. Griffin

(a) Residence: No. 1514 Sycamore Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Griffin

6. DATE OF BIRTH (month, day, year) June 16, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern R.R.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Montgomery Co., Va.

FATHER

13. NAME Patrick Griffin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Lyons

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT M.V. Shell
(Address) 1514 Sycamore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Nov. 14, 1938

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 S. Charles St.
Huntington Hillcrest, N.Y.

FILED NOV 13 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to Nov 12, 1938

I last saw h~~im~~ alive on Nov 8, 1938 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1935
Other contributory causes of importance: Cacanomatosis	1938

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-Ray Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Laurence M. Lenz M. D.

(Address) 1009 Annapolis Blvd

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51956 — CERTIFICATE OF DEATH — 82-a F 51956

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 Keswick Road St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Joseph Lyness

If U.S. Veteran specify WAR NONE

(a) Residence: No. 4402 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Wiseman Lyness

6. DATE OF BIRTH (month, day, year) January 6, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Gov.

10. Date deceased last worked at this occupation (month and year) 10 years.

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME James Lyness

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Blacklock

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Arthur Lyness
(Address) 4402 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 11/14 1938

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights

NOV 13 1938 Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1938 to November 11, 1938

I last saw him alive on November 11, 1938 Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/24/38
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Jenkins Reed, M. D.

(Address) 401 E. 25th Street

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51957 × 210-M F 51957

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Ralph G. Schneider

(a) Residence: No. West View Pitsburgh Pa. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 192[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME Ralph Schneider

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Anna Worstman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Ralph Schneider
(Address) West View Pitsburgh Pa.

18. BURIAL, CREMATION, OR REMOVAL Place West View Pittsburgh Pa Date Nov 17 1938

19. UNDERTAKER John C. Miller Inc.
(Address) 2730 Oliver St.

20. FILED NOV 13 1938 19 Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Nov. 13, 1938 19 ...

Where did injury occur? Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Auto Upset on Reisterstown Rd. at Beltight Balto. Co. Md.

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) [illegible] M. D.
Coroner

(Address) 2757 W Nor a

Information should be entirely complete. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51958

CERTIFICATE OF DEATH

93-aF 51958

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 S. CONKLIN ST. St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME NETTIE HENDRY MC GARRELL

(a) Residence: No. 633 S. CONKLIN ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN J. MC. GARRELL

6. DATE OF BIRTH (month, day, year) FEB. 19/ 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) STAUNTON VA.

FATHER

13. NAME SIMON MILLER

14. BIRTHPLACE (city or town) (State or country) MD.

MOTHER

15. MAIDEN NAME FLORENCE HENDRY

16. BIRTHPLACE (city or town) (State or country) VA.

17. INFORMANT JOHN J. MC GARRELL
(Address) 633 S. CONKLIN ST.

18. BURIAL, CREMATION, OR REMOVAL
Place BALTO. CEM. Date NOV. 14 1938

19. UNDERTAKER Selby & Zeolerlow
(Address) 403 W. Pratt St.

20. Filed NOV 13 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1937 to Nov 10 1938

I last saw h-e alive on Nov. 9 1938. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual
Acute Myocarditis	11/1/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Horace B. Litzow M.D.

(Address) 315 S. Highland Ave

State CAUSE OF DEATH in plain terms. Do not state mode of dying, such as heart failure, asthenia, etc. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51959

CERTIFICATE OF DEATH

F 51959

Registered No. 9+a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Erdman Ave. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Warner Clark, Jr.

(a) Residence: No. 112 W. Fort Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Clark

6. DATE OF BIRTH (month, day, year) March 6, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clothing

10. Date deceased last worked at this occupation (month and year) Nov. 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Warner Clark ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Beulah Parks

16. BIRTHPLACE (city or town) (State or country) N J

17. INFORMANT Pearl Clark
(Address) 112 W. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 15 1938

19. UNDERTAKER A. Hodges & Sons
(Address) 1600 Pennsylvania Ave Huntington Milwaukee, N.Y.

20. NOV 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938 to Nov. 12, 1938

I last saw h[illegible] alive on Nov. 12, 1938 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Angina Pectoris	11-12-38
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) L. Duer Moores M. D.

(Address) 3105 Belair Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51960

HEALTH DEPARTMENT—CITY OF BALTIMORE

51960

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Donohoe — If U. S. Veteran specify WAR

(a) Residence: No. York (Usual place of abode) Pa. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Penna

FATHER

13. NAME Patrick Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Quigley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mt. Hope Retreat Pikesville, Md

18. BURIAL, CREMATION, OR REMOVAL. Place York Pa. Date Nov. 13, 1938

19. UNDERTAKER (Address) John Burns Sons Funeral Home Huntington Williams, W. Va.

20. FILED NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1938 to Nov. 13, 1938

I last saw h er alive on Nov 13, 1938 Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Disease, uremia, acute asthenia	4 days.
Chronic Glomerular Nephritis	
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Autopsy? Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Samuel P. Olasio M.D.

(Address) 336 Fordham Place

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

51961

F 51961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH 106 W University Parkway Registered No.

CITY OF BALTIMORE: (No. Apartment 0512-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Lucy R. Goldsborough If U.S. Veteran specify WAR

(a) Residence: No. Culpeper St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Neal Goldsborough

6. DATE OF BIRTH (month, day, year) Sept 15 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culpeper Va

FATHER

13. NAME James J. Roberts

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Mr. Chas Neil Goldsborough

(Address) Culpeper Va

18. BURIAL, CREMATION, OR REMOVAL

Place Culpeper Va Date Nov 17 1938

19. UNDERTAKER Wm J Lichtenstein & Sons

(Address) Hotel & Pa

20. FILED NOV 14 1938

Huntington Public Health Department

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	11/13/38

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Egan M. D.

(Address) Coroner

information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51962

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ellen Caffey

If U. S. Veteran specify WAR

(a) Residence: No. 925 Forest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND ~~of~~ (or) WIFE of Michael Caffey

6. DATE OF BIRTH (month, day, year) About 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 1870

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Kernan

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lawrence Keating

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas Caffey

(Address) 925 Forest St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 14 1938

19. UNDERTAKER Wm Gorsuch & Sons

(Address) 12 W. Madison St

20. FILED NOV 14 1938, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938 to Nov 11, 1938

I last saw h[illegible] alive on Nov 11, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Secondary Anemia	

Other contributory causes of importance:

Emaciation	
Rheumatic heart disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Hunterstein M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

NOV 14 1938

1963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51963

CERTIFICATE OF DEATH

94-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 N. Calvert St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Isabell Conkling

If U. S. Veteran specify WAR .....

(a) Residence: No. 2427 Calvert St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) ~~HUSBAND of~~ WIFE of Herman P. Conkling

6. DATE OF BIRTH (month, day, year) Aug 14th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11/14/38

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Wm F. Warren

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME ~~Conkling~~ De Camp

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Herman P. Conkling

(Address) 2427 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date Nov 16th 1938

19. UNDERTAKER Wm Cook

(Address) 27 E. Read St

NOV 14 1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 1932 to Nov. 13, 1938

I last saw her alive on Nov 12, 1938. Death is said to have occurred on the date stated above, at 10 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Angina Pectoris	1932
Other contributory causes of importance:	
Coronary occlusion	11-9-38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? No Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos S. Nisbet M. D.

(Address) 12 E. 25th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS B

F 51961

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51961

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Crenshaw (33222)

(a) Residence: No. 1355 Stockton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robt. Jackson

6. DATE OF BIRTH (month, day, year) Jan. 23, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hswf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Benjamin Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Lisco

16. BIRTHPLACE (city or town) State or country) Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/10/38

19. UNDERTAKER C. E. Nelson

(Address) 1303 Presstman St

NOV 14 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to Nov. 11, 1938

I last saw her alive on Nov. 11, 1938. Death is said to have occurred on the date stated above, at 11:59 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	May 1938?
Other contributory causes of importance: Tuberculosis of intestine	May 1938?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

V 0 3

51965

HEALTH DEPARTMENT—CITY OF BALTIMORE

51965

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2357 Druid Hill Ave Ward 13)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Hunter

(a) Residence: No. 2357 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Carrie Hunter

6. DATE OF BIRTH (month, day, year): Oct 5-1890

7. AGE: Years 48 | Months 1 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Hunter

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Sarah Washington

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Carrie Hunter

(Address) 2357 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date 11/14/38

19. UNDERTAKER: T. E. Kelson

(Address) 2037 Preston St

20. FILED NOV 14 1938

Huntington Williamsburg Co. Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11, 1938

22. I HEREBY CERTIFY, That I last saw the person described above, [illegible] on the date stated above, and from the evidence [illegible] (Inquest, Autopsy or Inquiry) [illegible] disease and from the evidence [illegible] (Inquest, Autopsy or Inquiry) [illegible] find that said deceased came [illegible] death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency Hemochange	Nov 10 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 550 Chesapeake St

V 8 6

information should be carefully supplied. Age, name of parents, etc., must be given in full where known or state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 51966 ✓23 F 51966

F 51966

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Mosher st. St. 16-2 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James E. Coats Jr.

(a) Residence: No. 1411 Mosher St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colo	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 20th 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor

10. Date deceased last worked at this occupation (month and year) 9/1938

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Maryland

FATHER

13. NAME James Coats

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Victoria Linkney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Victoria Linkney
(Address) 1411 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Cemetery Date 11/14 1938

19. UNDERTAKER Thos. E. Kelson.
(Address) Huntington Ave Baltimore, Md

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th 1938 to Nov. 11th 1938

I last saw him alive on Nov. 9th 1938. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	9/1938
Other contributory causes of importance: Exposure to the Disease	9/1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Gunn M. D.

Address 522 N. Arlington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also statement of OCCUPATION is very important. See instructions on back of certificate.

F 51967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51967

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals — Registered No. 1871

CITY OF BALTIMORE: (No. Bay View St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Brown

(a) Residence: No. 319 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dempsey Brown

6. DATE OF BIRTH (month, day, year) Dec. 15-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) 037
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
13. NAME Richard Clark
14. BIRTHPLACE (city or town) (State or country) Va.

FATHER
15. MAIDEN NAME Ethel Jordan
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Colored Records City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec. 4th 1938

19. UNDERTAKER Elroy O. Wilson
(Address) 1200 Bradley ave

20. FILED Huntington Fillmore, Registrar

14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest, Autopsy or Inquiry, find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory Collapse	Sudden
due to Pellagra	Unknown

Other contributory causes of importance: Impacted feces

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. E. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

M. D. B. 1268-9

F 51968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S Plum Alley St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Keene

(a) Residence: No. 815 Plum alley St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): Mar 1, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tunnel.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Chas Keene

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Banks

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Daisy Williams

(Address) 815 Plum Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/14/1938

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1618 W Lanvale St.

20. FILED 19

Registrar.

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/11/38

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 38 to Nov 11 38

I last saw h alive on Nov 11 38, Death is said to have occurred on the date stated above, at 3:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Acute).	11/1/38.
Other contributory causes of importance: Interstitial Nephritis	7/1/38

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. F. Gunn M. D.

Address 572 N. Carlington Ave

S 3

information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 51969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 h Castle Street St., 8-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 69 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Hamilton

(a) Residence: No. 1823 h Castle Street St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowers

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna Hamilton

6. DATE OF BIRTH (month, day, year) Feb 22 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Street cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Employee, Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Edward Hamilton Jr (Address) 1823 h Castle St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lurel Cem Date 11-15-1938

19. UNDERTAKER Albert L Stitely (Address) 1696 N Chester St

NOV 14 1938 Huntingtown Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 — 12 — 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1938 to Nov 12 1938

I last saw him alive on Nov 12 1938 Death is said to have occurred on the date stated above, at 8 30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bornstein M. D.

(Address) 733 Eutaw St

information should be carefully supplied. Any space not applicable should be marked "None." Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jones

51970

HEALTH DEPARTMENT—CITY OF BALTIMORE

51970

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1508 (Street) Presstman (Ward) 15-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lottie Jones

(a) Residence: No. 1508 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 1-1900

7. AGE: Years 38 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Dan'l Jones

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Ella Jones

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Gertrude Ledd 1020 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cemetery Date 11/14 19 38

19. UNDERTAKER: T. E. Kelson (Address) 1203 Presstman st.

NOV 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 12 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day and hour stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lobar pneumonia	Nov 10 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Hosty Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen M. D.

(Address) 509 Dusquenne St

V 8 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51971 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51971

CERTIFICATE OF DEATH

V 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 E. Oliver St. 8-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1710 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Miller

6. DATE OF BIRTH (month, day, year) May 30, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. b.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Benjamin F. Miller

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER

15. MAIDEN NAME Mindilla Goswiler

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs Mary F. Miller
(Address) 1710 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 14, 1938

19. UNDERTAKER Frederick A Pole
(Address) 1700 W Lombard St

NOV 14 1938 [illegible] Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to Nov 11, 1938

I last saw h[illegible] alive on Nov 11th, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-11-38
Gastric Ulcer	10-15-38
Other contributory causes of importance: Chronic Hypertrophic Cirrhosis	1937

Was an operation performed? yes Date of

For what disease or injury? Ulcer

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) 5106 Harford Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V5 3

51972

HEALTH DEPARTMENT—CITY OF BALTIMORE

51972

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Baptist Home

CITY OF BALTIMORE: (No. 1620 Lexington St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Ann Green

If U. S. Veteran specify WAR

(a) Residence: No. 1620 Lexington St. Baptist Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Erastus Green

6. DATE OF BIRTH (month, day, year) March 1- 1845?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid for over 10 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook for over 10 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va.

FATHER

13. NAME Edgar Murray

14. BIRTHPLACE (city or town) (State or country) Warrenton Va

MOTHER

15. MAIDEN NAME Anna Stevenson

16. BIRTHPLACE (city or town) (State or country) Warrenton Va

17. INFORMANT Eliza Green
(Address) 1620 Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Nov. 14 1938

19. UNDERTAKER Mrs. Francis A. Hemsley
(Address) 518 N. Bradford St.

20. FILED 19 Registrar.

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11 1938

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1938 to November 11, 1938

I last saw h[illegible] alive on Nov. 10, 1938. Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/6.38
Rt Side Brain	
Other contributory causes of importance: Chronic Interstitial Nephritis	1920?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright M. D.

(Address) 1207 Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51973

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 Robert St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 536 Robert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Collins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ella Johnson

(Address) 306 Robert St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 11-15-1938

19. UNDERTAKER Thos. W. Hamilton Co.

(Address) 525 N. Eutaw St

20. FILED ..... 19... Baltimore, Md. Registrar.

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/38. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Nov 12 1938

I last saw h[illegible] alive on Nov 12 1938. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	11/5/38

Other contributory causes of importance:

none

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Pigott M. D.

(Address) 1 No W. Fayette St

F 51974

HEALTH DEPARTMENT—CITY OF BALTIMORE

51974

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3427 Piedmont Ave St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret E. Miller

(a) Residence: No. 3427 Piedmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick L. Miller

6. DATE OF BIRTH (month, day, year) July 8-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter E. Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Countryman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Kaiser

(Address) 3427 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 14 1938

19. UNDERTAKER The J. Frank Purnell Sons Co

(Address) Huntington, Indiana, N.J.

20. FILED ..... 19.... Registrar.

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1938 to Nov 12 1938

I last saw h.r alive on Nov 11 1938 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arterio-sclerosis with especial intracranial features. Cerebral thrombosis	Feb 1938
Pneumonia Bronchial	Jan 1938
Other contributory causes of importance	
Gradual Heart and respiration failure and decompensated.	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harley Cole M. D.

(Address) 2202 Harrison Ave

one

F 51975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51975

CERTIFICATE OF DEATH

V 167

1. PLACE OF DEATH Woods in rear of
CITY OF BALTIMORE: (No. 1000 Beaumont Ave St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry C Elphinstone

U. S. Veteran
specify WAR

(a) Residence: No. 902 Beaumont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary D. Elphinstone

6. DATE OF BIRTH (month, day, year) Dec 9, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy Treas of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.C. Elphinstone Inc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER

13. NAME Frank M. Elphinstone

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

15. MAIDEN NAME Nora Moore Lewis

16. BIRTHPLACE (city or town) (State or country) King Wm Co Va

17. INFORMANT Mrs Mary D Elphinstone
(Address) 902 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov 14 1938

19. UNDERTAKER Wm Tickner & Sons.
(Address) North & Pa Aves.

20. FILED Huntington Williams, M.D.
NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bullet wound of head

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Sinus Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 11/11/ 1938
Where did injury occur Rear 1000 Beaumont Ave. Baltimore
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Shot self in head - Pistol
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker Coroner, M. D.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1976 HEALTH DEPARTMENT—CITY OF BALTIMORE 51976

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hosp St., 6 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Leonard B. Burgess

If U. S. Veteran specify WAR ....

(a) Residence: No. 1810 E. Fairmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Rose Burgess

6. DATE OF BIRTH (month, day, year) Sept. 17, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wire Factory

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Walker Burgess

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Henderson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wife Mrs. Rose M. Burgess

(Address) 1710 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cemetery Date Nov. 15 1938

19. UNDERTAKER Edmund W. Curtin & Son

(Address) 524 E. Eager St.

20. FILED ... 19... Registrar

Huntington Printing Co., Inc.

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1938 to Nov. 12, 1938

I last saw him alive on Nov. 12, 1938 Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi-lateral pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ..... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Leo. M. Curtis M. D.

(Address) Baltimore City Hosp

Information called for on this certificate is required by law. Failure to supply it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 51977 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51977

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-3 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 805 N Fremont Ave St. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leren Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Wilson

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 15, 38

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

Huntington Williams, Jr.

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938, to Nov 13, 1938

I last saw him alive on Nov 13, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead poisoning	10/29/38
(Acute)	
Other contributory causes of importance	

Was an operation performed? Yes Date of 11/13/38

For what disease or injury?

Name of operation Right sub temporal decomp

What test confirmed diagnosis? Blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Henry P. Goldberg, M. D.

(Address) Johns Hopkins Hosp.

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51978 HEALTH DEPARTMENT—CITY OF BALTIMORE 51978

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Joseph's Hosp St. 9-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Cecelia Barranger

(a) Residence: No. 1722 Lakeside Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis F. Barranger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helena Yockel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Lilian Sumner

(Address) 1722 Lakeside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 15, 1938

19. UNDERTAKER Martin Father & Sons

(Address) 1824 N. North Ave.

20. FILED NOV 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1938, to Nov 12, 1938

I last saw her alive on Nov 12, 1938. Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	4 days
Intestinal Obstruction	2
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? Yes Date of Nov 10, 1938

For what disease or injury? Intestinal Obstruction

Name of operation Colostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. R. Tennyst, M. D.

(Address) St. Josephs Hosp

Information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51979

51979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a oc

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2217 Gough St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann Margaret Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2217 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home, D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Miller

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Josephine Finkard

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Miller Sister

(Address) 2217 Gough St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov. 16th 38

19. UNDERTAKER John A. Hogan

(Address) 3000 E. Balto. St.

20. FILED 19 Registrar

NOV 14 1938 Huntington Pollard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3½ Hours

Other contributory causes of importance: Valvular Heart disease Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Bond St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51980

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3819 White ave St., 27-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME F. Katherine Leach

If U.S. Veteran specify WAR ...

(a) Residence: No. 3819 White ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/10/1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Leach

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Ellen Patten

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs W. Kennett Erdman

(Address) 3814 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Nov 16 1938

19. UNDERTAKER John Ullrich & Sons

2108 Eutaw

NOV 14 1938

20. FILED 19

Hunting Town, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1938 to Nov 13, 1938

I last saw her alive on Nov 13, 1938 Death is said to have occurred on the date stated above, at 945 a m.

The principal cause of death and related causes of importance were as follows:

Left Hemiplegia (Cerebral Hemorrhage) — Date of onset Nov 11 1938

Other contributory causes of importance: Arterio-Sclerosis — a number of years

Was an operation performed? no Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Green M. D.

(Address) 3009 Evergreen ave city

I. B.—WRITE PLAINLY, with pen or indelible pencil. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51981 HEALTH DEPARTMENT—CITY OF BALTIMORE F 51981

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Norman Arthur

If U. S. Veteran specify WAR.

(a) Residence: No. 515 S. Lenigh Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Rob. E. Arthur

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Hoffert

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Margaret Arthur
(Address) 515 S. Lenigh Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov 16 1938

19. UNDERTAKER John Ulrich
(Address) 2006 Eutaw

20. FILED Huntington Williams, Registrar

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1938 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Did injury occur in industry? Nov. 13, 1938 . 19

Where did injury occur? 5400 Bl. ODonnell St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Walking in St. struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Colman M. D.
Coroner

(Address) 2357 Eutaw

N. B.—WRITE PLAINLY. Blank spaces must be filled. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51982

HEALTH DEPARTMENT—CITY OF BALTIMORE

51982

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Md. General Hosp

CITY OF BALTIMORE: (No. Madison & Linden St., 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Knoche

If U. S. Veteran specify WAR

(a) Residence: No. 2329 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Knoche

6. DATE OF BIRTH (month, day, year) Dec 25 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck driver 3

10. Date deceased last worked at this occupation (month and year) 11-9-38

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Knoche

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Knoche

(Address) 2329 Jefferson

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Nov 15, 1938

19. UNDERTAKER John Ullrich

(Address) 210 E Orleans

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-9-, 1938 to 11-13, 1938

I last saw him alive on 11-13, 1938 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. J. Armstrong M. D.

(Address) Md. General Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 14 1938 Huntington, West Virginia, W. Va.

M. D. P. 1268-9

Mary Curley ✓

51983 HEALTH DEPARTMENT—CITY OF BALTIMORE 51983

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 1-st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Curley.

(a) Residence: No. 916 S., Bailey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of WILLIAM CURLEY

6. DATE OF BIRTH (month, day, year) Jan. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME LEONARD BAUMER

14. BIRTHPLACE (city or town) (State or country) BALTO. MD

MOTHER

15. MAIDEN NAME MARY GRAZER

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT WILLIAM CURLEY (HUS)

(Address) 916 S. BINNEY ST

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date NOV. 15 1938

19. UNDERTAKER Lilly & Zeiler Sons

(Address) 1000 E. WOLFE ST

20. FILED NOV 14 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-12 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938 to Nov. 12, 1938

I last saw her alive on Nov. 12, 1938 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic glomerulo nephritis	
Chronic hypertension	

Other contributory causes of importance:

Hypertensive cardio-vascular renal disease.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H Friedman M. D.

(Address) Franklin Sq. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51984

CERTIFICATE OF DEATH

23 F 51984

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Ward (25712)

If U. S. Veteran specify WAR

(a) Residence: No. 522 ~~Sunset~~ Somerset St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Lydia Phillips (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 11-16- 1938

19. UNDERTAKER Brother Hugus & Bright
(Address) 1211 McCulloh St.

NOV 14 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1937, to November 10, 1938
I last saw him alive on November 10, 1938. Death is said to have occurred on the date stated above, at 3:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June ? 1937
Tuberculosis of kidney	1937
Other contributory causes of importance: Generalized amyloidosis	Mar ? 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. Prematurely born children should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 51985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51985

CERTIFICATE OF DEATH

164 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 W Lombard St., 4-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

2. FULL NAME George Harry Kestler

(a) Residence: No. 704 W Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 15, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garbage Station

10. Date deceased last worked at this occupation (month and year) Nov 38

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mr Edward Kestler (Address) 1716 Wilmington ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park cemetery Date 11/15/38, 1938

19. UNDERTAKER Chas B. Kuchawicz (Address) 637 S Paca St

20. FILED 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov 11th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation (illuminating Gas) (Carbon monoxide)	6 hrs.
Other contributory causes of importance: Chronic Cardiac dis -	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 11, 1938

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Inhalation of gas through rubber tube

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams, M. D. Coroner

(Address) 2360 Eutaw place

NOV 14 1938

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 51986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Bowleys Lane St. 26-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Alma Windisch

(a) Residence: No. 1615 Bowleys Lane St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Richard Windisch

6. DATE OF BIRTH (month, day, year) July 31st 1858

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
80	3	13/14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Zahage

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Henry Langenfelder

(Address) 1615 Bowleys Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Nov. 16 1938

19. UNDERTAKER Fred. Lauschmann & Son

(Address) 2401 Orleans St.

NOV 14 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1938 to Nov 14 1938

I last saw her alive on Nov 13 1938 Death is said to have occurred on the date stated above, at 7.40 A m.

The **principal cause of death** and related causes of importance were as follows:

Pneumonia — Date of onset 11/7/38

Other **contributory causes** of importance:

Arteriosclerotic Cardiovascular disease

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) H. H. Langenfelder M. D.

(Address) Govedale Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51987

HEALTH DEPARTMENT—CITY OF BALTIMORE

51987

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp St. 26-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fred C. Brockman

(a) Residence: No. 3243 Shannon Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen E. Brokman

6. DATE OF BIRTH (month, day, year) Dec. 16th 1885

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
52	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toledo Ohio

FATHER

13. NAME Frederick C. Brokeman

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Maria Reihring

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs Helen E. Brockman
(Address) 3243 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Nov. 16, 1938

19. UNDERTAKER Frederick Funeral Home
(Address) 7401 Belair Road

20. FILED ..... 19.... Registrar .....

NOV 14 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1938, to Nov 13, 1938

I last saw h. alive on Nov 13, 1938 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Ulcer	
Other contributory causes of importance:	
Hemorrhage	1 week

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Wm Mansfield M. D.

(Address) Md General Hosp

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51988

CERTIFICATE OF DEATH

93-C F 51988

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Brunswick St., 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Jane Ward

If U. S. Veteran specify WAR

(a) Residence: No. 524 Brunswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Ward

6. DATE OF BIRTH (month, day, year) Mar 26, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward F. Bell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Orbourn

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles A. Ward

(Address) 524 Brunswick St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 11/14/38

19. UNDERTAKER W. H. Chambers & Co.

(Address) Reisterstown, Md.

20. FILED NOV 14 1938 Huntington Williams, Hlth. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to Nov 13, 1938

I last saw her alive on Nov 13, 1938. Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pancreas (Chronic)	2
Other contributory causes of importance: Acute Cardiac Dilatation	Nov 11-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassman M. D.

(Address) 753 W Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51989

CERTIFICATE OF DEATH

131 F 51989

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Harmison St. St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Dembinsky

If U.S Veteran specify WAR

(a) Residence: No. 204 Harmison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Augusta Dembinsky

6. DATE OF BIRTH (month, day, year) October 23, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Dembinsky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Stanley Leonard
(Address) 204 Harmison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosery Church Date Nov. 16 '38

19. UNDERTAKER [illegible]
(Address) 1003 W. Baltimore St.

NOV 14 1938 Huntington Village, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13 , 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 - , 1938 , to Nov 13 - , 1938

I last saw him alive on Nov 11 - , 1938 . Death is said to have occurred on the date stated above, at 1.25 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia Osteomyelitis Left Humerus Coronary Thrombosis Chronic Nephritis. Arteriosclerosis.	

Other contributory causes of importance: Pulmonary Oedema

Was an operation performed? No Date of -

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury - , 19

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert C Nitsch , M. D.

(Address) 2151 Wilkens Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51990

CERTIFICATE OF DEATH

95-F 51990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200-E-33rd St. 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 11 mos. 19 da. How long in U. S. if of foreign birth 82 yrs. 11 mos. 19 da.

2. FULL NAME Rosalie Mary Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 1200-E-33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward A. Thompson

6. DATE OF BIRTH (month, day, year): Nov-24-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Reubert Eff

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary - ? ? ? -

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Elsie M. Thompson (daughter)
(Address): 1200-E-33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Nov-15-38

19. UNDERTAKER: STEWART & MOWEN COMPANY
(Address): (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED: NOV 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Nov 12, 1938

last saw her alive on Nov 12, 1938 Death is said to have occurred on the date stated above, at 4:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Cardio Vascular Lues	1933
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Fritz D Thimzen M. D.

(Address) 2700 Harford Road

N. B.—WRITE PLAINLY, WITH UNFADING INK. All questions must be answered. If information is not known or cannot be obtained, so state. AGE should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51991

CERTIFICATE OF DEATH

108 F 51991

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Hann

If U. S. Veteran specify WAR

(a) Residence: No. 108 S. Stricker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Camp Hann

6. DATE OF BIRTH (month, day, year) Feb. 20-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glassblower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Millville N.J.

FATHER

13. NAME Richard Hann

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Annie Rose

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs. Anna Hann

(Address) 108 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 15 1938

19. UNDERTAKER Geo. F. Boyer & Sr.

(Address) 1512 Pulaski St

20. FILED NOV 14 1938 Huntington Fitzhugh, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-7-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward Mayo M. D.
Coroner

(Address) 1331 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Compodonico

HEALTH DEPARTMENT—CITY OF BALTIMORE

51992 51992

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 3905 Haywood ave Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore St., 27-19 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Rose Campodonico If U. S. Veteran specify WAR.

(a) Residence: No. 3905 Haywood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, divorced (or) WIFE of John J. Campodonico

6. DATE OF BIRTH (month, day, year) Nov. 4, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Buggy

14. BIRTHPLACE (city or town) (State or country) Balto. Ind.

MOTHER

15. MAIDEN NAME Ann Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John J. Campodonico (Address) 3905 Haywood ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 11/16 19 38

19. UNDERTAKER Richard F. Curley (Address) 400 E. Biddle ave

20. FILED Nov 14 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardete's	11/5/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T. Crane Coroner, M. D.

(Address) Catonsville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 14 1938

Mulcare

F 51993 HEALTH DEPARTMENT—CITY OF BALTIMORE 51993

CERTIFICATE OF DEATH

82-a

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Mc Henry St. 19-th Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice A Mulcare

If U. S. Veteran specify WAR

(a) Residence: No. 1604 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Mulcare

6. DATE OF BIRTH (month, day, year) Feb 19 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME John J Mulcare

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Theresa Mott

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT James A Mulcare
(Address) 1604 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Placed St Patricks Cem Date 11/15 19 38

19. UNDERTAKER Bryan & Hagerty
(Address) Fulton & Fayette

20. FILED ..... 19 ..... (Registrar)

NOV 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 19 38

22. I HEREBY CERTIFY, That I attended deceased from On Nov. 13, 19 38 to 19

I last saw him alive on Nov. 13, 19 38. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/13/38
Other contributory causes of importance: Severe Hypertension	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abram Goldman M. D.

(Address) 2313 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

#37830

F 51994

CERTIFICATE OF DEATH

12-5-478 F 51994

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 12-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Seylor

If U. S. Veteran specify WAR

(a) Residence: No. 203 E. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Corinne [illegible]

6. DATE OF BIRTH (month, day, year) 5/8/1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Genevieve Getz

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 16, 1938

19. UNDERTAKER Rita Winefeld

(Address) 714 Gainsborough Ave

20. FILED NOV 14 1938 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1938 to November 14, 1938

I last saw him alive on November 14, 1938. Death is said to have occurred on the date stated above, at 5:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lantelle, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51995

CERTIFICATE OF DEATH

93-c F 51995

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Rosedale St St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Slocum Blake

If U. S. Veteran specify WAR

(a) Residence: No. 1635 Rosedale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ellen Blake

6. DATE OF BIRTH (month, day, year) July 18 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker (Ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brigham Hopkins

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation 008

12. BIRTHPLACE (city or town) Louisville
(State or country) Ky

FATHER

13. NAME Solomon Blake

14. BIRTHPLACE (city or town) Mass.
(State or country)

MOTHER

15. MAIDEN NAME Mary Knapp

16. BIRTHPLACE (city or town) Mass.
(State or country)

17. INFORMANT Mrs. Ellen Blake
(Address) 1635 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Middletown N. Y. Date Nov. 14 19 38

19. UNDERTAKER William J. Tickner & Sons
(Address) North & Penna. Aves.

20. FILED NOV 14 1938 Huntington Pitzwater, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-5-38 to 11-12-38, 19

I last saw h alive on 11-10-38, 19 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 Years
Secondary Arteriosclerotic Myocarditis	2 Years
Other contributory causes of importance: Coronary Thrombosis	Few Minutes

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Huntington Pitzwater M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51996

CERTIFICATE OF DEATH

93-C

F 51996

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 E Biddle St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hugh Dolan

If U. S. Veteran specify WAR

(a) Residence: No. 720 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eliz. Ellwood

6. DATE OF BIRTH (month, day, year) Mar 19 79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary 0020

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Dolan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget McTague

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Dolan

(Address) 720 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 15 1938

19. UNDERTAKER Rita Niedefeld

(Address) 911 Greenmount Ave

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936 to Nov 12, 1938

I last saw him alive on Nov 11, 1938 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis,	1928
Arteriosclerosis &	?
Arterial Hypertension	?
Other contributory causes of importance:	
Pulmonary Oedema	11/10/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. P. Graghty M. D.

(Address) 10 E Biddle

V8 9

Dr Geraghty

N. B.—WRITE PLAINLY, WITH INKS—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51997

CERTIFICATE OF DEATH

X 173

F 51997
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 – 2 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR.

2. FULL NAME Mrs Edith Katherine Tillman

(a) Residence: No. Reisterstown, Md St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of Dorsey Tillman (John Tillman)

6. DATE OF BIRTH (month, day, year) Sept 5th 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Finksburg C. Co. Md

FATHER

13. NAME Philip Helwig

14. BIRTHPLACE (city or town) (State or country) C. Co. Md

MOTHER

15. MAIDEN NAME Florence Emma Murray

16. BIRTHPLACE (city or town) (State or country) C. Co Md

17. INFORMANT Edgewood George Helwig
(Address) Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Finksburg Cem. Date Nov. 16 1938

19. UNDERTAKER Williston Berry mgr & Sons
(Address) Reisterstown Md

NOV 14 1938

Huntington Williamsburg, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot Gun wounds of Face & Skull	4 hrs
Other contributory causes of importance: Shock, Primary Hemorrhage	4 hrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Nov 13, 1938

Where did injury occur? Reisterstown, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Homicidal

Nature of injury Multiple Fractures of face & skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D.
Coroner

(Address) 2360 Eutaw place

Inquest to be held by Balto County authorities at request of District Attorney Anderson. M.A.A.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51998

CERTIFICATE OF DEATH

X210-M

F 51998

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 99 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Hill

(a) Residence: No. 5024 Race Street, Philadelphia Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 7, 1918

7. AGE Years	Months	Days	If LESS than 1 day Hours or min.
20	I	6 7	########

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pensylvania

FATHER

13. NAME Rollan Hill

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Ida E. George

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Ida E. Hill (Mother)

(Address) 5024 Race Street (Philadelphia, Pa)

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem. Date Nov. 17, 1938

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

Huntingtown Prince Georges Co. Md.

20. FILED NOV 14 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Nov. 14, 1938. 19

Where did injury occur? Belair Rd. & Glade Av Balto. Co. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Road

How did injury occur? Walking on Belair Rd near Glade

Projection Mirror on Bus struck Him

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

F 51999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 51999

CERTIFICATE OF DEATH

36823-PS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospitals St. 96-4 Ward)

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

life

2. FULL NAME Baby Boy Corner

If U. S. Veteran specify WAR

(a) Residence: No. 135 N. Highland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-31-38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Russell Corner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bessie Johanne West

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 16 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 15 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1938 to Nov. 14, 1938

I last saw him alive on Nov. 14, 1938 Death is said to have occurred on the date stated above, at 9:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	8/31/38
ACUTE GASTRO-ENTERITIS	10/22/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Corde M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52000

HEALTH DEPARTMENT—CITY OF BALTIMORE

52000

CERTIFICATE OF DEATH

193-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4625 Roland Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Kindervater

If U. S. Veteran specify WAR

(a) Residence: No. 2006 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Wilhelmina K. Kindervater

6. DATE OF BIRTH (month, day, year) May 10th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME C. Kindervater

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mabel V. Bolen

(Address) 2006 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date Nov 15th 1938

19. UNDERTAKER Wm Bork & Son

(Address) 1217 St Paul St

20. FILED NOV 15 1938 19 Registrar.

NOV 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1938 to Nov. 13 1938

I last saw him alive on Nov. 12 1938. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno. Frohn M. D.

(Address) 1821 Maol St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

52001

HEALTH DEPARTMENT—CITY OF BALTIMORE

52001

CERTIFICATE OF DEATH

V 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 N. Fulton Ave Ward 16)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles B. Lazzell

(a) Residence: No. 647 N. Fulton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma R. Lazzell

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work, as spinner, weaver, etc. Machinist

9. Industry in which employed, as silk mill, B & O R.R.

10. If retired at ... and/1934 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (State or country) W. Va.

FATHER

13. Name Lazzell

14. Birthplace (city or town) (State or country) Unknown

MOTHER

15. Maiden name Ursula ?

16. Birthplace (city or town) (State or country) W. Va.

17. INFORMANT Rosabel Sanders

(Address) 647 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Balto Date Nov 15th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19... Registrar.

NOV 15 1938 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1938 to Nov 12 1938

I last saw him alive on Nov 12 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Paralysis Apoplexia	3
Essential Hypertension	3
Cerebral Thrombosis	Oct 25
Coronary Thrombosis	Nov 12

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert Thorhat, M. D.

(Address) 2302 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH INKING, INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52002

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 11-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jake Humphries (38178)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1019 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Betty Moore

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Douglas Funeral Home Date Nov. 16 1938

19. UNDERTAKER Josephine Halstead
(Address) 1152 Pennsylvania Ave.

20. FILED Huntington Titus Registrar

NOV 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1938 to November 13, 1938

I last saw him alive on November 13, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

52003 HEALTH DEPARTMENT—CITY OF BALTIMORE 52003

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 S. Dolphin Ave St. 8-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Quinn

If U. S. Veteran specify WAR

(a) Residence: No. 1642 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
—	—

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael J. Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Delia May Burke

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Michael J. Quinn
(Address) 1642 Darley Ave Balto Md.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cemetery Date Nov 15 1938

18. UNDERTAKER Geo. W. Corkhill & Son
(Address) 2242 Eager St.

20. FILED Huntington Williams, Registrar

NOV 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1938, to Nov 14, 1938.

I last saw h— alive on Nov 14, 1938. Death is said to have occurred on the date stated above, at 7:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bilateral	
Bronchopneumonia	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael J. Dunock M. D.

(Address) 2 S. Dolphin Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Gordian

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52004 F 52004

CERTIFICATE OF DEATH

X/131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brother Gordian

If U. S. Veteran specify WAR .....

(a) Residence: No. Emmondale, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No

6. DATE OF BIRTH (month, day, year) June 3/1865

7. AGE 73 Years	Months 5	Days 12	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Geo Gordian

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Ahern

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Emmondale Md Date Nov 15 38

19. UNDERTAKER Lloyd Kaufer Laurel Md

(Address)

NOV 15 1938 Huntington Ville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938, to Nov. 14, 1938

I last saw him alive on Nov. 14, 1938. Death is said to have occurred on the date stated above, at 9:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	
Pernicious Anemia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how .....

(Signed) E. T. Lusansky, M. D.

(Address) Mercy Hospital

F 52005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52005

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3328 Fairfield Rd St. 5-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Annie Henderson

If U.S. Veteran specify WAR

(a) Residence: No. 3328 Fairfield Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Henderson N.C

FATHER

13. NAME Luna Henderson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Eva Turner

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Eva Henderson mother

(Address) 3328 Fairfield Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Henderson N C Date 11/16 38

19. UNDERTAKER Walter D Young

(Address) Huntingtown, Calvert, Md

20. FILED NOV 15 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1938 to Nov 12, 1938

I last saw h alive on Nov 11, 1938 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Tumor of Liver	Aug 1938
Other contributory causes of importance: Marked Tachycardia	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical & Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R F Young M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52006

#38621

CERTIFICATE OF DEATH

V 12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Holland

If U. S. Veteran specify WAR

(a) Residence: No. 536 Burgundy St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Thomas Holland

6. DATE OF BIRTH (month, day, year) 1888 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Alfred Addison

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov 4 1938

19. UNDERTAKER Hall & Spicer (Address) North Ave. & St. Paul St.

NOV 15 1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1938 to 11-12, 1938

I last saw her alive on 11-12, 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous perforated appendicitis with peritonitis	10/29/38
Other contributory causes of importance:	

Was an operation performed? yes Date of 11-2-38

For what disease or injury?

Name of operation Appendectomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? unknown If so, specify

(Signed) L. K. Woodward Jr., M. D.

(Address) Balto. City Hosp.

V 8 8

I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52007 F 52007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 N. Rose St. 7-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mario Orlando

(a) Residence: No. 535 N. Rose St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Domenica Orlando

6. DATE OF BIRTH (month, day, year) March 6 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repa.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Palermo (State or country) Italy

FATHER

13. NAME Stefano Orlando

14. BIRTHPLACE (city or town) Italy (State or country)

MOTHER

15. MAIDEN NAME Maria Tramontana

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Domenica Orlando (Wife) (Address) 535 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Nov. 16 38

19. UNDERTAKER Frank D. La Roe (Address) 52 N. Monroe St.

20. FILED NOV 15 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 52008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52008

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Park Ave 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Campbell Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 2200 Park Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Saml Williams

6. DATE OF BIRTH (month, day, year): MAR 16-1881

7. AGE: Years 57 | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: Geo W Berdoes

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Lydia Fraker

16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT (Address): Saml Williams 2200 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: Nov 16, 1938

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 N Schroeder St.

20. FILED NOV 15 1938 Wm. Fullwood, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1938 to Nov 12, 1938

I last saw h[illegible] alive on Nov 12, 1938 Death is said to have occurred on the date stated above, at 6 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Nov 8 1938
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Vera S. Allen, M. D.

(Address) 500 Mosquito St

I. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52009 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52009

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Fait av St. 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Powel Olek

If U. S. Veteran specify WAR

(a) Residence: No. 2532 Fait av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonina Deceased

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Olek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Trahman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Olek

(Address) 2532 Fait ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 11/16 '38

19. UNDERTAKER John J. Puda

(Address) 2329 Hudson St

Huntington Avenue, Md.

20. FILED NOV 15 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1938 to Nov. 13 1938

I last saw h alive on Nov. 13 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1907?
Arteriosclerosis	
Other contributory causes of importance: Pulmonary Edema	Nov 12

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. S. Patterson M. D.

(Address) 432 S. Patterson Park Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

$2010 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52010

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 7-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anton Yurcik

(a) Residence: No. 2330 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albina Yurcik

6. DATE OF BIRTH (month, day, year) Jan 30, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME James Yurcik

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Dousek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Ed. Yurcik
(Address) 2330 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date 11/15 38

19. UNDERTAKER Chas. E. Schimunek
(Address) 2603 E. Madison St.

20. FILED NOV 15 1938 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-38

22. I HEREBY CERTIFY, That I attended deceased from 11-12-38 19.. to 11-12-38 19..

I last saw h[illegible] alive on 11-12-38. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	11-11-38
Thrombosis - Lt. Post.	11-7-38
Fem. artery - (thrombosis)	
Grave - Lt. leg - gas	
Other contributory causes of importance:	
Ca - prostate	(?)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) M. R. Lampert M. D.

(Address) St. Joseph's Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52011

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N. Eden St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Morgan

(a) Residence: No. 229 N Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Nov 25 1904

7. AGE: Years 33 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: William Morgan

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Maggie Bonds

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs Martha Nuttall 229N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount calvary Date: Nov 15 1938

19. UNDERTAKER (Address): Edward Bryon 1941 O'Neal St

20. FILED ..... 19..

NOV 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 12 1938

I HEREBY CERTIFY, That I attended deceased from Nov 2 1938 to Nov 12 1938

I last saw him alive on Nov 11 1938. Death is said to have occurred on the date stated above, at 4 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Pleurisy	Oct 15 1938
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George S. Allen M. D.

(Address) 502 Aisquith St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52012

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1972

CITY OF BALTIMORE: (No. Bay View St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Hicks — If U. S. Veteran specify WAR

(a) Residence: No. Sycamore Av. Edgemere Balt. Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced: HUSBAND of / WIFE of Adeline Hicks

6. DATE OF BIRTH (month, day, year) Aug. 29 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME George Hicks

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Mary J. Cox

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Adeline Hicks Wife
(Address) Sycamore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Tallahassee Fla. Date Nov. 16 1938

19. UNDERTAKER Sam'l W. Chase & Son
(Address) 638 E. Fairmount Ave.

20. FILED NOV 15 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound Abdomen	Nov. 12 1938
Body to fill in later after Inquest.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Nov. 12, 1938

Where did injury occur? Edgemere Balt. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Tavern

Manner of injury Gun shot Wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 E. Pratt St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

52013

HEALTH DEPARTMENT—CITY OF BALTIMORE

52013

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Augusta St., 9th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Isaac E. Adler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1717 Augusta st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia M. adler

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. A. Md

FATHER

13. NAME Elias adler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barnett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rest Haven Date 11-17-38 19

19. UNDERTAKER Lack Funeral Inc.

(Address) 1432 E. Lake ave

GIVEN 19 Registrar

NOV 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14- , 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Nov 13, 1938

I last saw him alive on Nov 13, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Nephritis	
General arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. G. Hornstein, M. D.

(Address) 733 Augusta St

V8 2

A. B.—WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Harrid

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52014

CERTIFICATE OF DEATH

52014

V 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Harrid Jr

(a) Residence: No. 1702 Dittmans Court Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Susie Harrid

6. DATE OF BIRTH (month, day, year): Oct 20 1891

7. AGE: Years 47 | Months 0 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West River Md

FATHER

13. NAME: Frank Harried Sr

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Weston

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Frank Harried Sr

(Address) 1023 Mount St

18. BURIAL, CREMATION, OR REMOVAL:

Place Houghton Mem Gdns Date 11/16 1938

19. UNDERTAKER: Fidelity Undertaking Co

(Address) 918 Druid Hill Ave

20. FILED 19

Registrar

NOV 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11 1938

22. I HEREBY CERTIFY that I took charge of the remains described above, held a post mortem autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Stab wound of lung

Date of onset: Nov 11 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11-11 1938

Where did injury occur? 1702 Dittman Court Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home — Called

Manner of injury Was stabbed by a 8" in dagger

Nature of injury Severing Aorta

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jorge S. Allen M. D.

Coroner

(Address) 500 Pleasant St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A 52015

F 52015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 10-2 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U.S. Veteran

2. FULL NAME Charles Steel specify WAR

(a) Residence: No. 811 Hanford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Ruby Steel

6. DATE OF BIRTH (month, day, year): Feb 28 1887

7. AGE: Years 51 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labored

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Texas

FATHER

13. NAME: William Steel

14. BIRTHPLACE (city or town) (State or country): Texas

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Mrs Ruby Steel

(Address) 811 Hanford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date Nov-15- 1938

19. UNDERTAKER: Wm. H. E. Elliott-Slaughter

(Address) 1129 N. Caroline St

FILED NOV 15 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 12 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Nov 12 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Collins Coroner M. D.

(Address) 800 Augusta St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52016

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas Hulsman

If U. S. Veteran specify WAR

(a) Residence: No. 1253 Carroll St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Hulsman

6. DATE OF BIRTH (month, day, year) Sept. 13, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Fire Dept Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John S. Hulsman

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Margarett Hall

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Gertrude Hulsman

(Address) 1253 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem. Date 11/16/38

19. UNDERTAKER

(Address)

NOV 15 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) ... M. D.

Coroner

(Address) 2757 ...

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52017

HEALTH DEPARTMENT—CITY OF BALTIMORE

52017

CERTIFICATE OF DEATH

63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N. North Ave St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sophie Linwood Green

If U. S. Veteran specify WAR

(a) Residence: No. 1610 N. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30 - 1907

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
30	11	15 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 19

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

FATHER

13. NAME Milton C. Green

14. BIRTHPLACE (city or town) Fairfax
(State or country) Virginia

MOTHER

15. MAIDEN NAME Nellie M. Petteford

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mrs. Milton C. Green.
(Address) 1610 N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 16 1938

19. UNDERTAKER Monroe E. Dyer
(Address) 1400 W. North Ave

20. FILED ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Nov 14 1938

Last saw ... alive on Nov 10, 1938. Death is said to have occurred on the date stated above, 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease,	6 yrs
Arteriosclerosis, Hypertension	6 yrs
Nephritis, chronic	2 yrs
Childhood Poliomyelitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1400 N. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1938

52018

HEALTH DEPARTMENT—CITY OF BALTIMORE

52018

CERTIFICATE OF DEATH

CGX--38908

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME Clara Lowery (also known as Clara Lowry)

If U. S. Veteran specify WAR

(a) Residence: No. 909 N. Calvert St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry (D)

6. DATE OF BIRTH (month, day, year) July 29, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	47	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Gerlach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Kramer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 16 1938

19. UNDERTAKER Mrs. W. E. Doepel

(Address) 7110 Belair Rd

20. FILED NOV 15 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13 1938

22. I HEREBY CERTIFY, That I attended deceased from November 11, 19.. to November 13, 1938

I last saw her alive on November 13, 1938. Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-9-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52019

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 25-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Philip F. Dalle

If U. S. Veteran specify WAR.....

(a) Residence: No. 2337 Annapolis Road St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Dalle

6. DATE OF BIRTH (month, day, year) Aug. 18, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of candy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail candy

10. Date deceased last worked at this occupation (month and year) August

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

FATHER

13. NAME Rudolph Dalle

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME Amelia Hayt

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT (wife)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 16 19 38

19. UNDERTAKER Harry H. Witzke

(Address) Lombard at Gilmor

20. FILED (Nov 15 1938) 19.....

Registrar.

Hunter Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1938, to 11-12, 1938

I last saw h.~~im~~ alive on 10-12-38, 19..... Death is said to have occurred on the date stated above, at 9½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Arteriolosclerosis	
Chronic Nephritis	
Bronchopneumonia	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis? Clinical Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) John M. Ford M. D.

(Address) Maryland General Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 3

52020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52020

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Haverford Rd. St., 15-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sada L. Hartman

If U. S. Veteran specify WAR

(a) Residence: No. 2904 Haverford Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley E. Hartman

6. DATE OF BIRTH (month, day, year) April 2, 1904.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. ~~M~~ W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Linthicum

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Adele Knight

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Stanley E. Hartman

(Address) 2904 Haverford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov. 17/38

19. UNDERTAKER Harry H. Luitzke

(Address) 2101 Edmondson Ave.

20. FILED NOV 15 1938 Huntington Ave., Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27 1938 to November 14. 1938

I last saw her alive on Nov 14 1938 Death is said to have occurred on the date stated above, at 6:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Oct 27/38
Cerebral embolism caused	Nov 8 38
Other contributory causes of importance: Cerebral embolism	Nov 8 38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter Hubbell, M. D.

(Address) 2220 Garrison

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52021

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2921 Bayonne Ave St., 27-6 Ward)
Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 67 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse Barnett De Hoff
If U. S. Veteran specify WAR .....
(a) Residence: No. 2921 Bayonne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. DeHoff

6. DATE OF BIRTH (month, day, year) Feb. 16, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.
10. Date deceased last worked at this occupation (month and year) Daily
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John DeHoff
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Sophie Cramblitt
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Annie M. DeHoff
(Address) 2921 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov 15-38

19. UNDERTAKER McKeever Sons
(Address) North & Fulton Aves

20. FILED ..... 19 ..... Registrar.

NOV 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1938 to Nov 13, 1938
I last saw him alive on Nov 13, 1938 Death is said to have occurred on the date stated above, at 2.35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 11
Acute Cardiac Dilatation	1938
Pulmonary Edema	
Other contributory causes of importance:	
None	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Morris B. Grund M. D.
(Address) 3009 Evergreen Ave
Baltimore Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 52022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52022

CERTIFICATE OF DEATH

92-a cc

Registered No. 1877

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 406 E. Caroline St., Home 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.
If U. S. Veteran specify WAR

2. FULL NAME Clifton Brooks
(a) Residence: No. 406 E. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	Colored	Married

3a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Viola Stewart (maiden name)

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soap Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport News Va.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) do

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) do.

17. INFORMANT Viola Stewart (Sister)
(Address) 406 E. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 15 1938 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)
19 Registrar.

NOV 15 1938

4429

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest or Inquiry) thereon and from the evidence adduced by said (Inquest or Inquiry), find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	days
Other contributory causes of importance: Valvular heart disease	year

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Chas. W. Wood, M. D.
Coroner
(Address) 1721 E. Baltimore St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52023

CERTIFICATE OF DEATH

159 cc

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 16-3 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Baker

If U. S. Veteran specify WAR.

(a) Residence: No. 1137 N. Fulton Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10-1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Edward Baker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Rose Sewell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth R. Baker - Mother

(Address) 1137 N. Fulton Av.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 15 1938 19

19. UNDERTAKER Commissioner of Health

(Address)

NOV 15 1938 Per K. A. Moore

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis prematurity birth	4½ Months

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

V 8 6 4430

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 52024

HEALTH DEPARTMENT—CITY OF BALTIMORE E 52024

CERTIFICATE OF DEATH

92-w oc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 706 S. Eden St. 3-7 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George Abendschein

(a) Residence: No. 706 S. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Cy)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Abendschein

6. DATE OF BIRTH (month, day, year) Nov. 3-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) About 2 years ago

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Abendschein

14. BIRTHPLACE (city or town) (State or country) Brelo Germ.

MOTHER

15. MAIDEN NAME Francis Wojek

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Melvin Abendschein

(Address) 706 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthias Date Nov 16, 38

19. UNDERTAKER Wendell Degitz

(Address) 405 Dougherty St.

FILED NOV 15 1938 H. E. Tipton, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 Minutes
Other contributory causes of importance: Valvular Heart disease	5 Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 52025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52025

CERTIFICATE OF DEATH

53-3

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 925 S. BOULDIN ST., St. 26-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME KUNIGUNDA STAUDENMAIER

If U. S. Veteran specify WAR .....

(a) Residence: No. 925 S. BOULDIN ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM LT	WHITE	WIDOWED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of LOUIS STAUDENMAIER

6. DATE OF BIRTH (month, day, year) MAR. 5/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME JOHN DAUM

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT ROSE SMOOT

(Address) 921 S. BOULDIN S.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART. Date NOV. 16 38

19. UNDERTAKER Sally - Zeilenhof

(Address) 403 S. WOLFE ST.

20. FILED NOV 15 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1930 to Nov 13 1938

I last saw h[illegible] alive on Nov 12 1938. Death is said to have occurred on the date stated above, at 8/15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	
Carcinoma of Urinary Bladder	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Ed Schimunek, M. D.

(Address) 8428 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52026

HEALTH DEPARTMENT—CITY OF BALTIMORE

52026

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapel Gate Lane St., 25-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Holste

If U. S. Veteran specify WAR .....

(a) Residence: No. Elkridge, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwig Holste

6. DATE OF BIRTH (month, day, year) Dec. 26, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Hanover Germany

FATHER

13. NAME Carl Brunsher

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

MOTHER

15. MAIDEN NAME Lena Werr

16. BIRTHPLACE (city or town) (State or country) Hanover Germany

17. INFORMANT Herman Holste

(Address) Elkridge, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pfieffers Cor. Date Nov. 15 1938

19. UNDERTAKER F. C. Higinbothom Jr

(Address) Ellicott City, Md.

20. NOV 15 1938 Huntington Hill (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1938 to Nov. 12, 1938

I last saw her alive on Nov. 12, 1938 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 Mo
Myocardial Insufficency	

Other contributory causes of importance:

Senile Dementia	9-38
General Arteriosclerosis	1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

How long? .....

(Signed) B. B. Brumbaugh M. D.

(Address) Elkridge, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52027 — 50 F 52027

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 Sequoia Ave. 15-11 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie M. Ehrlich — If U. S. Veteran specify WAR

(a) Residence: No. 3123 Sequoia Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellis N. Ehrlich

6. DATE OF BIRTH (month, day, year) Aug. 16. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER

13. NAME James Monteith

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Eliza Foster

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT (Address) Ellis N. Ehrlich 3123 Sequoia Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Nov. 17 1938

19. UNDERTAKER (Address) Chas. Sons. John W. Teufel & Son 801 W. Fayette St.

Hunter for Undertaker

NOV 15 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Nov. 14 1938.

I last saw h. alive on Nov 14 1938. Death is said to have occurred on the date stated above, 12.45 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast met. to liver

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel J. Hunter M. D.

(Address) 3324 Kenyon Ave Fall Phy

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V83

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52028

CERTIFICATE OF DEATH

CGK--3855 8-4-94-B F 52028

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital life St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Heeding Henry J. Heeding (If U. S. Veteran give WAR)

(a) Residence: No. 1120 Scott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Mar. 10, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	51	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) Oct 10/38

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Paul Heeding

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Schlag

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenm... Date Nov 16, 1938

19. UNDERTAKER Mrs. John W. Teufel & Son
(Address) 501 W. Fayette St

20. FILED NOV 15 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1938 to 11-12, 1938

I last saw him alive on 11-12, 1938 Death is said to have occurred on the date stated above, at 5.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cataracts, senile, bilateral	1936
Coronary occlusion	Sudden

Other contributory causes of importance:

Was an operation performed? yes Date of 11-2-38

For what disease or injury?

Name of operation Cataract extraction, right

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify ...

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52029

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 W. Lombard St., 18-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph King

If U.S. Veteran specify WAR ...

(a) Residence: No. 833 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Painter

10. Date deceased last worked at this occupation (month and year) About 15 years

11. Total time (years) spent in this occupation 39 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph A. King

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Ellen McElvaney

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Ella F. White

(Address) 5002 Norwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 16 1938

19. UNDERTAKER T. Lamoreau

(Address) 1003 W. Baltimore St.

20. FILED NOV 15 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1938 to Nov 14 1938

I last saw him alive on Nov 14, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Cerebral Hemorrhage	Nov 4

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F. C. Reese, M. D.

(Address) 1301 N. Patterson Park Ave.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52030 ✓ F 52030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 W. Lafayette Ave. St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George O. Burgan,

If U. S. Veteran specify WAR .....

(a) Residence: No. 2806 W. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Violet Burgan,

6. DATE OF BIRTH (month, day, year) June 5, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nov 10. 1938 2 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Aldophus Burgan,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME ? Tagg.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Violet, Burgan,
(Address) 2806 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date NOV 16 1938

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1938, to Nov. 14, 1938.

I last saw h[illegible] alive on Nov. 14, 1938. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1932
Coronary thrombosis	11/12/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. W. Kemp M. D.

(Address) 2938 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use typewriter if any supplies. Not signed by undertaker. PHYSICIANS should

V 3 3

52031

HEALTH DEPARTMENT—CITY OF BALTIMORE

52031

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Wilkens Ave St. 20-b Ward)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William T. Garber

If U. S. Veteran specify WAR

(a) Residence: No. 3114 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Sadie V. Bush

6. DATE OF BIRTH (month, day, year) Aug 29, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Vervian Garber

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Sadie V. Bush

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mrs Elsie L. Hill
(Address) 3114 Wilkens Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 11 / 16 / 38

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED NOV 15 1938 Huntington Fitz, Registrar

BKy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13th. 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 — 1938 to Nov 13 — 1938

I last saw him alive on Nov 7 1938. Death is said to have occurred on the date stated above, at 4 A M p.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
Pneumonia, Hypostatic
Coronary Embolism

Date of onset

Other contributory causes of importance:

Pulmonary Oedema

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Robert C Mytock M. D.

(Address) 2151 - Wilkens ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52032

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52032

CERTIFICATE OF DEATH

124 B

1. PLACE OF DEATH South Balto. Gen Hosp

CITY OF BALTIMORE: (No. ..... St. 242 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. John Neugebauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 619 Harvey St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elenore Neugebauer

6. DATE OF BIRTH (month, day, year) Aug 7 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robt. W. Neugebauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Lutz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. John Blum 1702 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 11/16 1938

19. UNDERTAKER (Address) J. J. McCarthy 508 Fort Ave.

NOV 15 1938

19 Registrar

Huntington Funeral Home

GHL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-12-1938 to 11-13-1938

I last saw him alive on 11-13 1938. Death is said to have occurred on the date stated above, at 3.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis of Liver	
Gastro-Intestinal Hemorrhage	11-12-38
Other contributory causes of importance:	
Secondary Anemia	2

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Louis J. Krell, M. D.

(Address) South Balto. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52033

CERTIFICATE OF DEATH

66-3 F 52033

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Fannie Goldschmidt

(a) Residence: No. 2713 Kirk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H Goldschmidt

6. DATE OF BIRTH (month, day, year) June 4-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Unverzagt

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ada Cullison

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. John H. Goldschmidt
(Address) 2713 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Nov 18 1938

19. UNDERTAKER John Ullrich
(Address) 200 S. Belnap Ave. Catonsville, Md.

NOV 15 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1938 to Nov 14, 1938

I last saw he alive on Nov. 14, 1938. Death is said to have occurred on the date stated above, at 10.4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyroid Heart Disease	
Diffuse toxic thyroid.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyst, M. D.

(Address) St. Joseph Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52034 107-A F 52034

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Central Ave St. 9-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Meta M Bremmer

(a) Residence: No. 1412 Central Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H Bremmer

6. DATE OF BIRTH (month, day, year): Feb 8 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	9	12 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: NO

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Frank W Pohl

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles H Bremmer
(Address): 1412 Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: NOV 17 1938

19. UNDERTAKER: John Ullrich
(Address): 2006 Orleans St

20. NOV 15 1938 Huntington Pittman, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/14 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/6/38 1938 to 11/14 1938

I last saw her alive on 11/13 1938. Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3 days

Other contributory causes of importance:
Paralysis Agitans, Parkinsons Disease 3 yrs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer D. Blum M. D.

(Address) 1206 E. Preston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52035

CERTIFICATE OF DEATH

#38745

95-F 52035

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

life

2. FULL NAME James Lawrence Raftery

If U. S. Veteran specify WAR

(a) Residence: No. 2935 Ellicott Driveway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/19/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	64	1	23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Thomas Raftery

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Flannagan

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT ~~Hospital Records~~
(Address)

18. BURIAL, CREMATION, or REMOVAL Harford Road
Place Holy Cross Cem. Date Nov 17, 1938

19. UNDERTAKER Jno. R. Frances Ladies
(Address) 1111 W. Fayette Ave

NOV 15 1938 19... Registrar
Huntington Williams, Dpty

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1938. to November 12, 1938

I last saw ~~him~~ alive on November 12, 1938. Death is said to have occurred on the date stated above, at 12:32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. R. De Sautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52036

CERTIFICATE OF DEATH

210-M F 52036

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 15-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Scruggs

U.S. Veteran (specify WAR)

(a) Residence: No. 1508 Moreland Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hazel F. Scruggs

6. DATE OF BIRTH (month, day, year) May 24, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 671

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins. Agent Balto.

10. Date deceased last worked at this occupation (month and year) Life.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William L. Scruggs

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Josephine Thacker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. R.S. Via

(Address) 1508 Moreland Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Date Nov 16 19 38

19. UNDERTAKER Mr & Mrs John W Leuffels Son

(Address) 847 W Lanvale St

Huntington Tidewater, Md.

NOV 15 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Nov. 12, 1938 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto struck Truck at Center &

Nature of injury Howard St.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 2757 W Mt

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52037

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. 22nd St. 12-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Corless

If U. S. Veteran specify WAR No Record

(a) Residence: No. 426 E 22nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Emma V. Corless

6. DATE OF BIRTH (month, day, year) Aug 31st 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker - Tin Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Rolling Mill

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Thomas Corless

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma V. Corless

(Address) 426 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 16th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED NOV 16 1938 19 Huntington Mills Register. N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1938 to Nov 14th 1938

I last saw h~~im~~er alive on Nov 14th 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	2

Other contributory causes of importance:

Metastasis,

Was an operation performed? yes Date of 2 at Penn Hospital

For what disease or injury? Carcinoma Prostate

Name of operation

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. F. Santee M. D.

(Address) 119 N. Milton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

52038

HEALTH DEPARTMENT—CITY OF BALTIMORE

52038

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 24th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Burke (4540)

If U. S. Veteran specify WAR

(a) Residence: No. 1426 Towson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) April 5, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridger Barret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 19 1938

19. UNDERTAKER Chas. P. Stevens
(Address) 1501 E. Fort Ave.

20. FILED NOV 16 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1934 to November 15, 1938

I last saw him alive on November 15, 1938 Death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Abt. 1934
Other contributory causes of importance: Generalized arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

THE CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52039

HEALTH DEPARTMENT—CITY OF BALTIMORE

52039

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Ave St. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME (Mrs.) Alice Griffin Kelley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2716 Maryland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Kelley

6. DATE OF BIRTH (month, day, year) Sept 22 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savage Md

FATHER

13. NAME Robert Ewing

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel Wahn

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jenkins Memorial Hospt

(Address) 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/19 38

19. UNDERTAKER

(Address) 1217 Edmondson Ave

20. FILED Huntington Undertaking Co

NOV 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Nov. 16 1938

I last saw her alive on Nov. 16 1938 Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardiovascular Disease.	
Other contributory causes of importance: Cerebral Thrombosis	11-11-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Muse Jr. M. D.

(Address) Jenkins Memorial Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52040

HEALTH DEPARTMENT—CITY OF BALTIMORE

52040

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Byers

(a) Residence: No. 1930 E. Eager St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1/7/1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Marie Bloomer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Brooklyn Nov 18-1938

19. UNDERTAKER Henry Hoeck & Sons Inc. (Address) 1301 E. Eager St.

20. FILED NOV 16 1938 Huntington Felt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/38

22. I HEREBY CERTIFY, That I attended deceased from 7-25 1938 to 11-15 1938

I last saw h[illegible] alive on 11-14 1938 Death is said to have occurred on the date stated above, at 955A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lung with metastases	?
Other contributory causes of importance:	

Was an operation performed? N.O. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L K Woodward Jr. M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

52041

HEALTH DEPARTMENT—CITY OF BALTIMORE

52041

CERTIFICATE OF DEATH

x 182-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mary Elizabeth Johnson

(a) Residence: No. 209 S st NW Washington D C Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W Johnson

6. DATE OF BIRTH (month, day, year) May 6-1875

7. AGE: Years 63 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Geo Wm Whiting

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Galloway

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Naoma Williams

(Address) 2179 20th St NW Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D C Date Nov. 20, 1938

19. UNDERTAKER Mrs. Francis A. Wimsley

(Address) 678 N. Rudd St. Huntington, West Virginia

NOV 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Nov 15 1938
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen Coroner, M. D.

(Address) 309 Dupont St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 52042 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 52042

CERTIFICATE OF DEATH

X 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Park Ave St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Holmes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1212 Park Ave St., ... Ward. Macon Ga

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Wid.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ben Holmes

6. DATE OF BIRTH (month, day, year): ? ? 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sewyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Houston Co. Ga.

FATHER

13. NAME: William Fortune

14. BIRTHPLACE (city or town) (State or country): Ga

MOTHER

15. MAIDEN NAME: Chaddie ?

16. BIRTHPLACE (city or town) (State or country): Ga

17. INFORMANT: Willie Holmes

(Address): 1212 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Macon, Georgia Date: NOV. 17 1938

19. UNDERTAKER: Jesse W. Riddle

(Address): 430 W. Riddle St.

20. FILED NOV 16 1938 Harry S. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 13, 1938

I last saw her alive on Nov 13, 1938. Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Intussusception)	11-10-38
Other contributory causes of importance: Gastro Enteritis	11-1-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. McRae M. D.

(Address) 1126 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52043

HEALTH DEPARTMENT—CITY OF BALTIMORE

52043

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Herbert Jennings (Louise B. Jennings)

If U. S. Veteran specify WAR

(a) Residence: No. 505 Hawthorne Rd. St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	W	Married

5a. If married, widowed, or divorced

(or) WIFE of Herbert Jennings

6. DATE OF BIRTH (month, day, year) Nov. 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Charles Borridge

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Harriet Blane

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Hosp Records

(Address)

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Londa Park Date Nov. 16, 38

19. UNDERTAKER Wm. J. Fickert Son

(Address) North of the line.

~~Filed~~ NOV 16 1938, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938 to 11/15, 1938

I last saw her alive on 11/14, 1938. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	
Coronary Thrombosis	

Other contributory causes of importance:

Renal Insuffiency

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Robert White M. D.

(Address) 6-1 Hilman Apts.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

37-4215

HEALTH DEPARTMENT—CITY OF BALTIMORE

37-2044 — 52044

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel Ebaugh — If U. S. Veteran specify WAR .....

(a) Residence: No. 3703 Sequoia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5-2-82

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	55	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Zachariah Ebaugh

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Gephart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov. 17 1938

19. UNDERTAKER Wm. J. Tilghman Sons
(Address) N. Eutaw & Baltimore

20. FILED NOV 16 1938 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938 to Nov. 15, 1938

I last saw her alive on Nov. 15, 1938 Death is said to have occurred on the date stated above, at 5:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	1934
Other contributory causes of importance:	
Pneumonia	11/8/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Dix, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52045

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH Pronounced dead at 728 St. Paul St. Emergency Hospital.

CITY OF BALTIMORE: (No.) (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran
(Specify WAR)

2. FULL NAME Harry Clemson Cover

(a) Residence: No. 702 Brookwood Road-Hunting Ridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gertrude E. Cover

6. DATE OF BIRTH (month, day, year) November 7th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Production Mgr. for 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kendler Creamery Co.,

10. Date deceased last worked at this occupation (month, day, year) Nov. 1938

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Addison J. Cover

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER

15. MAIDEN NAME Theresa Clemson

16. BIRTHPLACE (city or town) (State or country) Union Bridge, Md.

17. INFORMANT Mrs Gertrude E. Cover
(Address) 702 Brookwood Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov 16th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED NOV 16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased died of death on the day stated above. 9 45 PM,

The principal cause of death and related causes of importance were as follows:

Probably Acute Myocarditis.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hamm Coroner M. D.

(Address) 1215 Fairmount Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52046

HEALTH DEPARTMENT—CITY OF BALTIMORE

52046

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236- Aisquith Street St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR no

2. FULL NAME Marie Schmidt

(a) Residence: No. 1236-Aisquith Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Schmidt

6. DATE OF BIRTH (month, day, year) 12/20/1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10 x	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Ries

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Ehrlinger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edward L. Schmidt

(Address) 1236-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/17/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from 4. 4. 1938 to 11. 14 1938

I last saw her alive on 11/14 1938 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration—Years, Months, Days
Cerebral Hemorrhage	Sudden
Other contributory causes of importance: Hypertension Cardio-vascular renal disease	2 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PE. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1306 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 52047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52047

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805-Regester Street St., 8-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Anna Heiger

If U. S. Veteran specify WAR NO

(a) Residence: No. 1805-Regester Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Heiger

6. DATE OF BIRTH (month, day, year) 9/12/1871

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	67	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Rudolph Helfrick

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Catherine E. (King)

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Rudolph Heiger

(Address) 2417-E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 11/18/38

George J. Ruth, Inc.

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1755-Harford Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1937 to November 15, 1938

I last saw h[illegible] alive on November 13, 1938. Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular-renal disease — Date of onset .....

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Chas. M. Caughey M. D.

(Address) 531 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 2

OCT 26 1938

F 52048

52048 29 L. F. S.—106 Bks.

Warren

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-a

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W. Mulberry St ST. 417 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Warren

(a) RESIDENCE NO. 703 W Mulberry ST., 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

3a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Frank Warren

6 DATE OF BIRTH (month, day, and year) June 26, 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50-50	June	22?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 50 41

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer Mrs Myerhoff.

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Perry Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Johnson Maxwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant Lillian Warren

(Address) 703 W. Mulberry st

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-14-38

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from Nov 11th, 1938, to Nov 14th, 1938, that I last saw her alive on Nov 14, 1938, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain

(duration) — yrs. four hours

CONTRIBUTORY (Secondary) Hypertension

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) James C Carpenter, M. D.

, 19 (Address) 750 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 11/18 1938

20 UNDERTAKER William A Jackson

ADDRESS 416 Pennsylvania

important. See instructions on back of certificates.

32043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52049

CERTIFICATE OF DEATH

3-A-117-B

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Moore

(a) Residence: No. 208 Stump alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Moore (d)

6. DATE OF BIRTH (month, day, year) July 5-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Moore

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Delie ?

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Asst. records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 11/14/38 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED 19 By Registrar.

NOV 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hemorrhage, Gastric	3-1938
	acute
Other contributory causes of importance: Duodenal Ulcer	Long time

Was an operation performed? Yes. Date of Nov. 6-1938

For what disease or injury? Incision in right Chest

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52050 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52050

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joan L Murphy — If U. S. Veteran specify WAR .....

(a) Residence: No. 1511 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Edw A. Murphy

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Irene Norwood

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Edw A. Murphy
(Address) 1511 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 16, 1938

19. UNDERTAKER Rita Wiedefeld
(Address) 917 Greenmount Ave

20. FILED NOV 16 1938 Huntington Ave, Balto, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938 to Nov. 15, 1938
I last saw her alive on Nov. 15, 1938 Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric obstruction	11/4
Gastroenteritis	11/4

Other contributory causes of importance:
Marasmus

Was an operation performed? YES Date of 11/9
For what disease or injury? Pyloric stenosis
Name of operation Rammstedt, Laparotomy
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or Homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. M. Saunders Lehmer, Jr., M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

V8 3

52051

HEALTH DEPARTMENT—CITY OF BALTIMORE

52051

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Lindsay (32818)

If U. S. Veteran specify WAR .....

(a) Residence: No. 323 N. Gilmor St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie

6. DATE OF BIRTH (month, day, year): April 10, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ga.

FATHER

13. NAME: Will

14. BIRTHPLACE (city or town) (State or country): Ga.

MOTHER

15. MAIDEN NAME: Rosie Jones

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Date: Nov 16, 38

19. UNDERTAKER: Mrs Katie R Williams

(Address): 322 S Schroeder St.

20. FILED: NOV 16 1938 Huntington

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938, to November 14, 1938

I last saw him alive on November 14, 1938. Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Curtis, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V8 3

Sebly

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52052

CERTIFICATE OF DEATH

91-a F 52052

1. PLACE OF DEATH West Balto. Gen Hosp 20-3 Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Williams Sebly

If U. S. Veteran specify WAR

(a) Residence: No. 637 S Pulaski St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Gustav Sebly

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Christina Roschitz

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Gustav Sebly

(Address) 637 S Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/18/38

19. UNDERTAKER Harry H. Mutzfeld

(Address) 401 Edmondson Ave

20. FILED NOV 16 1938 H. Livingston Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 19 38 to Nov 15, 19 38

I last saw him alive on Nov 15, 19 38. Death is said to have occurred on the date stated above, at 2:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Meningeal Endocarditis	
2. Staphylococcus Enterovirus	
Multiple Pyemic	
Infarcts	
Other contributory causes of importance:	

Was an operation performed? yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 52053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52053

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Chester St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Edward J. Trainor

If U. S. Veteran specify WAR .....

(a) Residence: No. 107 N. Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Holland

6. DATE OF BIRTH (month, day, year) Feb 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Patrick Trainor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Susie McMahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Edw. J. Trainor

(Address) 107 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date 11/17/38

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

20. FILED NOV 16 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14th, 1938

22. I HEREBY CERTIFY, That I attended deceased from February, 1936, to November 14, 1938

I last saw ~~him~~ alive on Nov 14 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	Months
Other contributory causes of importance:	
Cardiac Dilatation	Nov 10/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52051

CERTIFICATE OF DEATH

92-4 F 52051

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 53 N. Highland Ave St. 26-4 Ward)

Registered No. 877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melvia A. Sheedy

(a) Residence: No. 53 N. Highland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Was deceased ever in U. S. Military or Naval Service? No
If so, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Edward Sheedy

6. DATE OF BIRTH (month, day, year) April 4-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Gustav Sheedy
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marion Dillinger Daughter
(Address) 53 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Nov. 17-38

19. UNDERTAKER J. J. Stevenson & Son
(Address) 62-6 Lexington Huntingdon Williamsport, Pa.

NOV 16 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	13 hours
Other contributory causes of importance: Tubular Heart disease	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52055

CERTIFICATE OF DEATH

46-B F 52055

1. PLACE OF DEATH — Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 27-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME — Augustus Short

If U. S. Veteran specify WAR .....

(a) Residence: No. 2921 Hanley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — unknown

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 ? 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Brooklyn, N.Y.

FATHER

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Unknown

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Unknown

17. INFORMANT — B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Holy Redeemer Nov 19-38 19

19. UNDERTAKER — Jos. J. Stevenson (Address) 132 E. Fayette

20. FILED NOV 16 1938 19 — Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1938 to 11-15, 1938

I last saw him alive on 11-15, 1938. Death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) L. D. Woodward Jr. M. D.

(Address) Balto City Hosp.

V8 3

F 52056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52056

CERTIFICATE OF DEATH

82-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 20-6 Ward)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Henry Arnold

(a) Residence: No. 2801 Frederick Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Arnold.

6. DATE OF BIRTH (month, day, year) Jan 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grave Digger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Arnold.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Schuld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances E Schad.
(Address) 1827 Auburn St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville, Park Date Nov. 18 1938

19. UNDERTAKER George L. Lahmeyer
(Address) 2101 Frederick Ave.

NOV 16 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	11/15
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hanna Coroner M. D.

(Address) 1822 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

52057 HEALTH DEPARTMENT—CITY OF BALTIMORE 52057

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 W. Pratt St.) (Ward 20-3)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mitchell Ernest Cyford

If U. S. Veteran specify WAR .....

(a) Residence: No. 2025 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara E. Cyford

6. DATE OF BIRTH (month, day, year) Oct. 9th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	5	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac Cyford

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Alice Connor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Clara E. Cyford

(Address) 2025 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 17 1938

19. UNDERTAKER Gorsuch & Leonard

(Address) 7 E. Fayette St.

20. FILED Nov 16 1938 Hunting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Nov 14 1938

I last saw him alive on Nov 14 1938. Death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic Nephritis
Hypertension Coronary Sclerosis

Date of onset

Other contributory causes of importance:

Pulmonary Oedema

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Harvey D. Nitsch, M. D.

(Address) 2151 Wilkens Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

52058 E 52058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W Lafayette Ave St. 15-7 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora Mae Lindall

(a) Residence: No. 2005 Windsor Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 8-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) Nov 38

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John W Lindall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Linder

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Kendall
(Address) 2005 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 17 1938

19. UNDERTAKER Edward Hall
(Address) 1711 Pennsylvania Ave

NOV 16 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938 to Nov 15 1938
I last saw h alive on Nov. 13 1938 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of colon.	1938

Other contributory causes of importance:

Name of operation exploratory & colostomy Date of Nov 25, 1938.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo A Kripp M. D.

(Address) 3233 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

52059 F 52059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Tivoly Ave. St., 9-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME HERMAN FREYER

(a) Residence: No. 2700 Tivoly Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Freyer

6. DATE OF BIRTH (month, day, year) March 21, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. "m. ". Wade,
(Address) 4701 Catalpha Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Park Date 11/18/38

19. UNDERTAKER John Ulrich
(Address) 2005 Allison

20. Huntington Filed NOV 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1938 to Nov 14, 1938

I last saw him alive on Nov 14, 1938 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/14/38
Diabetes Brights disease	1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edw. L. Zimmerman M. D.

(Address) 9858 Harford Rd.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52060

52060

CERTIFICATE OF DEATH

OCK-3478-1

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hyman Fox

(a) Residence: No. 116 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Libby

6. DATE OF BIRTH (month, day, year) 4-26-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isadore Fox

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Date 11-17-38

19. UNDERTAKER Jack Levy Inc (Address) 1439 E. Baltimore St

20. FILED NOV 17 1938, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1938 to November 16, 1938

I last saw him alive on November 16, 1938. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Clinical ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santalla M. D.

(Address) Baltimore City Hospitals

52061 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52061

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 Brookfield Av. St., 13-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lutt If U. S. Veteran specify WAR

(a) Residence: No. 2236 Brookfield Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Lutt

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. off

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Lutt

(Address) 2239 Brookfield

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Av. Date 11-17-38

19. UNDERTAKER Pace Sons Inc

(Address) 1315 E. Balto. St

20. FILED 19 Registrar.

Huntington Publishing Co., Balto.

NOV 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16- 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Nov 10 1938

I last saw him alive on Nov 12 1938. Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance:	
Chronic Nephritis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Aug. Hornstein, M. D.

(Address) 733 Lexington St

2062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 520062

CERTIFICATE OF DEATH

95 3B 31832 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 0 yrs. mos. ds.

2. FULL NAME Caroline Rosiak

If U. S. Veteran specify WAR

(a) Residence: No. 10 N. Ellwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Apolinary Rosiak

6. DATE OF BIRTH (month, day, year) Dec. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) U. S. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 19 1938

19. UNDERTAKER John M. Weber

(Address) 401 N. Chester St

20. FILED Nov 19 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938 to November 15, 1938

I last saw her alive on November 15, 1938. Death is said to have occurred on the date stated above, at 8:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Louvelle M. D.

(Address) Baltimore City Hospitals

52063 E 52063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 210-M

13-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital) Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George H. Otten

(a) Residence: No. 3359 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway Dept Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W.Va.

FATHER

13. NAME Gerhardt Otten

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christena Wiek

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christina M. Baldwin

(Address) 3359 Falls Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New National Cem. Date Nov. 19 38

19. UNDERTAKER Chenoweth & Son

(Address) 3615 Chestnut Ave.

20. FILED NOV 17 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury to Chest	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury, Nov. 10, 1938, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision between Truck & Auto.

Nature of injury Franklin & Warwick St.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 373 Nunn Coroner

OCCUPATION is very important. See instructions on back of certificate.

52064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52064

CERTIFICATE OF DEATH

37312 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lewis Williar

(a) Residence: No. 5323 Maple Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) 3/22/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Frederick Andrew

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mollie Brissell

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 11-19- 1938

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED NOV 17 1938, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1938. to November 16, 1938

I last saw him alive on November 16, 1938. Death is said to have occurred on the date stated above, at 1230 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Sept. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

52065

F 52065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Clifton Ave. St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Pattison Smith

If U. S. Veteran specify WAR

(a) Residence: No. 3115 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur F. Smith

6. DATE OF BIRTH (month, day, year) 4/27/58

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylors Island, Md.

FATHER

13. NAME Jeremiah Pattison

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriet Keene

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wilbur F. Smith
(Address) 3115 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. 11/17/38.

19. UNDERTAKER John O Mitchell & Sons Inc
(Address) 1900 Eutaw Place

20. FILED , 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16/, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of left femur
Infection of

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/27, 1938

Where did injury occur? 3115 Clifton Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from bed to floor

Nature of injury Fracture of

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner

(Address) 215 Fidelity Bldg

VT 7 1938

F 52066 HEALTH DEPARTMENT--CITY OF BALTIMORE F 52066

CERTIFICATE OF DEATH V 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 815 W Mulberry 8-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Peter Phillips
(a) Residence: No. 815 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Ella Phillips

6. DATE OF BIRTH (month, day, year) Aug 12, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER
13. NAME Joseph Phillips
14. BIRTHPLACE (City or town) (State or country) Calvert Co Md

MOTHER
15. MAIDEN NAME Priscilla Hard
16. BIRTHPLACE (City or town) (State or country) Calvert Co Md

17. INFORMANT Estella Offer
(Address) 815 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place McCubbin Ct Date 11/17/38

19. UNDERTAKER Isaiah L Brown Son
(Address) 1015 W Montgomery St

20. FILED Nov 17 1938 Huntington Finlay, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1938 to Nov 14, 1938
I last saw him alive on Nov 13, 1938 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Arteriosclerosis	
Chr Myocarditis	
Other Nephritis	

Other contributory causes of importance:
Pulmonary Edema

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W F Howell M. D.
(Address) 6012 Carrollton Ave

52067 E 52067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 18-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Ella Williams

(a) Residence: No. 947 W Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Williams

6. DATE OF BIRTH (month, day, year) May 18, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

FATHER

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Williams
(Address) 947 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 11/17/38 19...

19. UNDERTAKER Isaac L Brown & Son
(Address) 108 W Montgomery St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938 to Nov. 14 1938
I last saw her alive on Nov. 14, 1938. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio Vascular Disease.	?
Myocarditis, diffuse.	?
Other contributory causes of importance:	
Pleural effusion, r.	?

Was an operation performed? no Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Richard S. Owens M. D.
(Address) University Hospital Baltimore.

7 1938

52068 HEALTH DEPARTMENT—CITY OF BALTIMORE 52068

CERTIFICATE OF DEATH ✓ 107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 2300 Ward)
Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR .....

2. FULL NAME Ida Fox
(a) Residence: No. 2064 Linden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hotzel Fox

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Mordecai —
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Hezel —
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Max Goodman
(Address) 2064 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 11-17- 1938

19. UNDERTAKER Jack Rourke Inc
(Address) 1739 E. Balto. St

20. FILED NOV 17 1938 at ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/10 . 1938 to 11/17 . 1938
I last saw her alive on 11/17 . 1938 Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Other contributory causes of importance: Cerebral hemorrhage arteriosclerosis, Peptic Ulcer	over

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliot Kerr M. D.
(Address) Sinai Hospital.

52069 E 52069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B 35552-38

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Guy

(a) Residence: No. 1506 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 12-16-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	10	29 32	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anne Gourley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Nov. 18, 1938

19. UNDERTAKER George M. Sutfeler

(Address) 1737 E. Lagal St.

20. FILED Nov 18 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to November 15, 1938

I last saw him alive on November 15, 1938. Death is said to have occurred on the date stated above, at 11 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. De Lautelle M. D.

(Address) Baltimore City Hospitals

17 538

52070

Pannie Caroline Cheeks

HEALTH DEPARTMENT—CITY OF BALTIMORE

52070

CERTIFICATE OF DEATH

38871 (38) 8 2a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pannie Caroline Cheeks

If U. S. Veteran specify WAR

(a) Residence: No. 1008 Brentley Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 11/15/~~1865~~ 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~71~~ 64 ~~71~~	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, book-keeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 11/19/38

19. UNDERTAKER J. E. Kelson

(Address) 1323 Pulaski St

20. Filed 11/19/38, 19..., ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1938 to November 16, 1938

I last saw her alive on November 16, 1938 Death is said to have occurred on the date stated above, at 1.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-10-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Weisenfluh M. D.

(Address) Baltimore City Hospitals

11/17/38

52071

HEALTH DEPARTMENT—CITY OF BALTIMORE

52071

CERTIFICATE OF DEATH

93a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Freshman St. 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Russell

If U. S. Veteran specify WAR

(a) Residence: No. 1825 Freshman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Russell

6. DATE OF BIRTH (month, day, year) Oct 23, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME John Wade

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Frances Wade

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT James Saltzgaber

(Address) 1825 Freshman St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 11/18/38

19. UNDERTAKER T. E. Nelson

(Address) 1203 Preston St

20. FILED NOV 17 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

24 hrs.

	Date of onset
Acute Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Klaus M. D.

(Address) 2131 Harlem Ave Coroner

52072

HEALTH DEPARTMENT—CITY OF BALTIMORE 52072

CERTIFICATE OF DEATH

V 181 CC

1. PLACE OF DEATH Balto City Hospitals Registered No. 1870

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 12-7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Lena Taylor

(a) Residence: No. 2704 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced ~~HUSBAND~~ of ~~WIFE~~ of David Taylor

6. DATE OF BIRTH (month, day, year) Sept 26-82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Saunders

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucy Tochnyan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie Lena Taylor 2704 Madison Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date 11/18 38

19. UNDERTAKER T. E. Kelson

(Address) 1303 Presstman St

20. FILED 19 Registrar

Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereto and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchio Pneumonia Rt.	3 days
2nd. degree burns right side and abdomen	3 days
Other contributory causes of importance: Cirrhosis	Long time

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accidental Date of injury Nov. 13, 1938

Where did injury occur? 2704 Oak St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Clothing Caught fire from Gas heater

Nature of injury 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. A. Wood, M. D. Coroner

(Address) 1711 E. Baltimore St.

OV 17 1938

F 52073

M. D. B. 1268-9

52073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ROBERT J. LUPTON

(a) Residence: No. 1926 West Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lottie A. Lupton

6. DATE OF BIRTH (month, day, year) Jan. 29, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Department

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James E. Lupton

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Ann Flannery

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs. Lottie A. Lupton 1926 West Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Nov. 19, 1938

19. UNDERTAKER Chas. P. Sauer Nov Inc
(Address) 1 W. Saratoga St. Baltimore, Md.

FILED NOV 17 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Coronary Occlusion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) M. D.
Coroner

(Address) 27 Saratoga St.

52074 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52074

CERTIFICATE OF DEATH

38971 (25+B)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Brodowski

(a) Residence: No. 2306 Boston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown (separated)

6. DATE OF BIRTH (month, day, year) 5/28/~~1800~~ 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~Ys~~ 65	~~Ms~~	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (oo D)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Czech
(State or country)

FATHER

13. NAME Martin Brodowski

14. BIRTHPLACE (city or town) Czech.
(State or country)

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) Czech
(State or country)

17. INFORMANT City Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Nov. 18. 1938

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Eastern Ave.

20. FILED ..... 19..... ..... Registrar.
11 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1938 to November 16, 1938
I last saw him alive on November 16, 1938. Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

52075 HEALTH DEPARTMENT—CITY OF BALTIMORE 52075

CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. ..... St. 6-4 Ward)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 15 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME ..... !

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JUNE 30/1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FEED STORE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME ADAM LINDNER.

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARGARET OCONNELL

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT FRANK A. LINDNER. (BROTHER)
(Address) 114 N. WASHINGTON ST.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date NOV. 20 1938

19. UNDERTAKER Silly & Zuidersma
(Address) 402 S. WOLFE ST.

20. FILED Huntington Williams, M.D. Registrar
NOV 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1938 to November 15, 1938

I last saw him alive on November 13, 1938 Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of Lung and Pancreas

Date of onset

Other contributory causes of importance

Carcinomatosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. K. Tunnell M. D.

(Address) St. Joseph's Hosp

52076 Nelson Kizer ✓ F 52076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. ..... St. 27-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. N mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Nelson Kizer (Nizer) If U. S. Veteran specify WAR .....

(a) Residence: No. 2822 Pelham Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Mrs Bertha Kizer

6. DATE OF BIRTH (month, day, year) 7-23-1890

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	47	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Business

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation 21 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Kizer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Laura Beyer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs Bertha Kizer
(Address) 2822 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov. 15, 1938

19. UNDERTAKER H. T. Sokolski & Sons
(Address) 1812 Eastern Ave

20. FILED ..... 19..... Registrar

NOV 17 1938 Huntington Pollock, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/12, 1938, to 11/15, 1938

I last saw him alive on 11/15, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Acute)	
Abdominal Adhesions	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/14/38

For what disease or injury? Intest. Obstruction

Name of operation Laparotomy, Release of Adhesions

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible], M. D.

(Address) 22 E. Lexington St. Balto. Md.

52077 F 52077

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-D 38921-FS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Philip Wolf

If U. S. Veteran specify WAR .....

(a) Residence: No. 107 E. Clement St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julie

6. DATE OF BIRTH (month, day, year) 4-14-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Europe (State or country)

MOTHER

15. MAIDEN NAME Lizzie Hess

16. BIRTHPLACE (city or town) Europe (State or country)

17. INFORMANT Balto. City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/18/38. 19

19. UNDERTAKER J. F. McCarthy (Address) 139 E. Fort Ave.

20. FILED NOV 17 1938 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15. 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-12. 1938 to 11/15 1938

I last saw him alive on 11-15. 1938. Death is said to have occurred on the date stated above, at 11:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Intestinal Obstruction	1 week
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-13-38

For what disease or injury? .....

Name of operation Colostomy

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) L. Kuhlwood Wood M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52078

CERTIFICATE OF DEATH

1938 B F 52078

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Keech

(a) Residence: No. 26 Lafeyette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles Co., Md.
(State or country)

FATHER

13. NAME William

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Lives

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL NOV 17 1938
Place Date 19

19. UNDERTAKER
(Address)

20. FILED NOV 17 1938 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936 to November 12, 1938

I last saw her alive on November 12, 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. DeLafuente M. D.

(Address) Baltimore City Hospitals

4432

HEALTH DEPARTMENT—CITY OF BALTIMORE

52079 38046

CERTIFICATE OF DEATH

34-8 F 52079

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals 3-1

CITY OF BALTIMORE: (No. Baltimore, Md. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Crawford

If U.S. Veteran specify WAR

(a) Residence: No. 128 S. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-15-91

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Albert Crawford

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Isabelle Stewart

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Record
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 17 1938.
Commissioner of Health

19. UNDERTAKER
(Address) Huntington Pallbearers, Md.

20. FILED NOV 17 1938 Registrar

4383

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 - 1938 to Nov. 10 - 1938

I last saw him alive on Nov. 10 - 1938 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Prior to 11-4-38
Other contributory causes of importance: Syphilis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Schmidt M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52080

CERTIFICATE OF DEATH

34-7 F 52080

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Curley St. 7-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Richter

(a) Residence: No. 705 N. Curley St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of Paul Richter

6. DATE OF BIRTH (month, day, year) July 26 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Pruckniewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonnett Sendrisiewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Paul Richter
(Address) 705 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov. 18 1938

19. UNDERTAKER Stephen J. Fratkowski Inc.
(Address) 1002 E. Lindwood Ave. Huntington Station, N.Y.

20. FILED NOV 17 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 38 to Nov 15 38

I last saw h.. alive on Nov 15 19.. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	about
Arteriosclerosis	1 yr
Chronic Nephritis	about 1 yr

Other contributory causes of importance

Acute Cardiac Dilatation 1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Howard Bayne M. D.

(Address) 706 N. Milton Ave.

2081 E 52081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK-75054

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-12 Ward) 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME King Browning

If U. S. Veteran specify WAR .....

(a) Residence: No. Homeless St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/17/1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County, Md.

FATHER

13. NAME Jerry [illegible].

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amanda Clay

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov 18, 1938

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED NOV 17 1938, 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1938, to November 13, 1938

I last saw him alive on November 13, 1938. Death is said to have occurred on the date stated above, at 5:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-7-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. [illegible] M. D.

(Address) Baltimore City Hospitals

52082

HEALTH DEPARTMENT—CITY OF BALTIMORE

52082

CERTIFICATE OF DEATH

53-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. Ward) 11-26-11

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ann Betty Tweedale

(a) Residence: No. 3208 O'Donnell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6-1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	11 10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Tweedale

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Antoinetta Fauck

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Antoinette Tweedale
(Address) 3208 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov. 21 1938

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ..... 19 .....
Registrar.

17 1938 [illegible] Edwards, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 11-4-38. 19 ... to 11-17-38. 19 ...

I last saw her alive on 11-17-38. 19 ... Death is said to have occurred on the date stated above, at 12 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	6 mo
	own
Other contributory causes of importance: Cerebral hemorrhage - Shock	11-16-38

Was an operation performed? Yes Date of 11-16-38

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. R. Mansfield M. D.

(Address) Md Gen. Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52083

CERTIFICATE OF DEATH

49-4F 52083

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 3645 Coolidge Ave St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha B. Malone

(a) Residence: No. # 3645 Coolidge Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Folder, 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Delaney Verndy Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland,

FATHER

13. NAME Columba Malone

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridgid Halligan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna Brooks
(Address) # 1703 Wilkens Avenue,

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11 / 15 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED NOV 17 1938 Huntington Pettigrew, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Nov. 15, 1938

I last saw her alive on Nov. 15, 1938. Death is said to have occurred on the date stated above, at 2.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary.	1/1/38
Other contributory causes of importance: Cystic Ovary.	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Biop Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. Horton, M. D.

(Address) 888 N. Eutaw St.

52084 HEALTH DEPARTMENT—CITY OF BALTIMORE 52084

CERTIFICATE OF DEATH

54

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2805 Maisel St. 25-3 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Theresa E. Ripley — If U. S. Veteran specify WAR .....
(a) Residence: No. 2329 Annapolis Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin F. Ripley

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
45			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 693
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER
13. NAME John Farmer
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Benjamin F. Ripley
(Address) 2329 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Co Date Nov 19. 1938

19. UNDERTAKER Margaret G. Flynn
(Address) 807 N. Fulton Ave. Hunting Ton Pittsville, Md.

Registrar

NOV 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 38 to Nov. 16, 1938
I last saw her alive on Nov. 16, 1938 Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes, hypertensive cardio vascular renal disease	?
Other contributory causes of importance: Coronary Thrombosis	Nov. 14, '38

Was an operation performed? no Date of .....
For what disease or injury? No - - -
Name of operation - - -
What test confirmed diagnosis? p.f. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Harry Heibel M.D.
(Address) 1224-1226 Hanover st.

(1631 5 North Ave)
52085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52085

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annina Jaunker

(a) Residence: No. 1200 Valley Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Servant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Ladies Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Phillip Jaunker
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Dengler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Little Sisters of the Poor - Superintendent
(Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Brooklyn 11-18 1938

19. UNDERTAKER Leonard J. Roach
(Address) 5305 Harford Rd

NOV 17 1938 Huntingtons Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 17, 1938 10:30 P.M. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov-10 1938, to Nov-14 1938

I last saw h.. alive on Nov 13 1938. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/10/38
Other contributory causes of importance: Edema of Lungs	11/13/38

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E Gill Hall, M. D.

(Address) 1631 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52086

CERTIFICATE OF DEATH

93-CF 52086

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Forest Park Ave St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanor R Bortol

If U. S. Veteran specify WAR .....

(a) Residence: No. 3610 Forest Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas R Bortol

6. DATE OF BIRTH (month, day, year) June 3 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edmund Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Anne Hobart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Irene Heap

(Address) Whitford. Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's County Md Date Nov 18, 1938

19. UNDERTAKER Wetherald Kelly

(Address) Emmitsburg, Pa

20. FILED NOV 17 1938 Registrar Hilliard Nitt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1938, to Nov 15, 1938.

I last saw her alive on Nov 14, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	?
Myocarditis	Oct 17/38

Other contributory causes of importance:

Hypertension	?
Acute pneumonia, Lobar, Hepatization	Nov 14/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Lab. + Physical

What test confirmed diagnosis? A Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter D Nichols M. D.

(Address) 2220 Garrison Blvd

grave #11 ✓

F 52087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52087

CERTIFICATE OF DEATH

183 ac

Registered No. 1577

1. PLACE OF DEATH Balto. Harbor

CITY OF BALTIMORE: (No. Pier 7 Clinton St. 26-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown 5'10" (Colored) If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Unknown	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Boat R.D. Carter
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY Date NOV 17 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED NOV 17 1938 Huntington Williams, Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 . 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry, find that said deceased came to (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	Sept 9 38
Not able to identify	

Other contributory causes of importance: Not known

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Not known

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? Balto. Harbor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Not known

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Wood St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52088

CERTIFICATE OF DEATH

95-B F 52088

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. 16-6 General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Edwin M. Turner

If U. S. Veteran specify WAR

(a) Residence: No. Edenton St., Ward. Edenton, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Jones

6. DATE OF BIRTH (month, day, year) July 29, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenton Maryland

13. NAME Edwin M. Turner

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

15. MAIDEN NAME Nellie Jones

16. BIRTHPLACE (city or town) (State or country) Perryman, Md. Maryland

17. INFORMANT Mrs. Agnes Reed (Address) Edenton, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Meth. Edenton Md. Date Nov. 19 1938

19. UNDERTAKER Thomas Wingate (Address) Edenton, Md.

20. FILED NOV 17 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1 1938 to November 16 1938

I last saw him alive on Nov. 16 1938 Death is said to have occurred on the date stated above, at 9:18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	9/15/38
Acute Pulmonary Edema	2 days ago
Other contributory causes of importance: Rheumatic heart disease	1925

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood culture positive Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred H. Bowen M. D.

(Address) West Baltimore General Hospital

52089 HEALTH DEPARTMENT—CITY OF BALTIMORE 52089

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 1-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 6 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary Emma Tomko

(a) Residence: No. 2525 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Tomko

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Jacob Tuthko

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Paul Tomko
(Address) 2525 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 21 1938

19. UNDERTAKER Frank Grech & Son
(Address) 1906 Eastern Ave

20. FILED ..... (Signature) Huntington Williams
NOV 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1938, to Nov 17, 1938

I last saw her alive on Nov 17, 1938. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Chronic Nephritis	?
Cardiac Decompensation	3 wks

Other contributory causes of importance:

Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Angst, M. D.

(Address) St Josephs Hosp

52090

HEALTH DEPARTMENT—CITY OF BALTIMORE

52090

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Barbara Dvorak BARBARA DVORAK

(a) Residence: No. 417 N Patterson Pk ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Dvorak

6. DATE OF BIRTH (month, day, year): April 13, 1874

7. AGE: Years 64; Months 7; Days 2; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Czechoslovakia

13. NAME: Frank Brockaska

14. BIRTHPLACE (city or town) (State or country): Czechoslovakia

15. MAIDEN NAME: Anna Cocha

16. BIRTHPLACE (city or town) (State or country): Czechoslovakia

17. INFORMANT: George Dvorak (Address) 417 N Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Holy Redeemer Date: Nov 21 1938

19. UNDERTAKER: Frank Grocki & Son (Address) 1906 Eastwood Ave Huntington Pittsburgh, Pa.

20. FILED: NOV 17 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): NOV. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from NOV. 6, 1938, to NOV. 17, 1938

I last saw her ER alive on NOV 17, 1938. Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BILATERAL BRONCHOPNEUMONIA	NOV. 1938
GENERALIZED ARTERIOSCLEROSIS	
DIABETES MELLITUS	1932
GANGRENE RT. FOOT	NOV 38

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis CLIN. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Roland E. Bieren M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

52091 F 52091

CERTIFICATE OF DEATH

Registered No. 19-2 X/958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME James Asimakopoulos

(a) Residence: No. 1523 E 31 st. St. St., Ward. No Record
(Usual place of abode) Brooklyn N Y (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Greek	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) 2 2 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71 years	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Countryman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME Kyriakos Asimakopoulos

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Anastasia Papadake

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Geo. J. Karangelen

(Address) 1116 Light St N Y N Y

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Nov 18th 1938

19. UNDERTAKER Francis Reese

(Address) Westminster Md

NOV 18 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1938 to 11-16 1938

I last saw him alive on 11-16 1938 Death is said to have occurred on the date stated above, at 9 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-15-38

Other contributory causes of importance:

Hypertensive Cardiovascular Disease.
Arteriosclerotic Heart Disease.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Friedman M. D.

(Address) Franklin Sq. Hosp.

52092

HEALTH DEPARTMENT—CITY OF BALTIMORE

52092

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR to Record

2. FULL NAME Mrs Lucy Fiorucci

(a) Residence: No. 123 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Anna Fiorucci

7. DATE OF BIRTH (month, day, year) July 4th 1900

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	4	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Govt

11. Date deceased last worked at this occupation (month and year) 11/7/38

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Calumet Mich.

13. NAME Raymond Fiorucci

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Ronconi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosa Fiorucci
(Address) 123 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 21st 1938

19. UNDERTAKER Wm Cook
(Address) 212 St. Paul St

20. FILED Huntington Millingsley Registrar Nov

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1938 to November 17, 1938.

I last saw h.. alive on November 15, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
a Hypertension	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) M. R. Cunniff, M. D.

(Address) St. Joseph's Hosp.

2093 HEALTH DEPARTMENT—CITY OF BALTIMORE 52093

CERTIFICATE OF DEATH V 72a

1. PLACE OF DEATH Church home & Infirmary. Registered No.

CITY OF BALTIMORE: (No.) St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Charles Reed

(a) Residence: No. 110 E. 20th St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — unknown.

7. DATE OF BIRTH (month, day, year) Nov. 13, 1859

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	—	5.	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sailor 0086

10. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Baltimore Transportation Co

11. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 40.

12. BIRTHPLACE (city or town) (State or country) Talbot Co Eastern Shore Md.

13. NAME OF FATHER William E. Reed.

14. BIRTHPLACE (city or town) (State or country) — ? Md

15. MAIDEN NAME OF MOTHER Harriet Taylard.

16. BIRTHPLACE (city or town) (State or country) unknown Md

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Nov 19th 1938

19. UNDERTAKER Wm Cook (Address) 217 St Paul St

20. FILED Huntington Williams, Dpty.

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16-38. 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Nov. 16, 1938.

I last saw him alive on Nov 16th, 1938. Death is said to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic Leukemia.	?
Myocardial degeneration.	

Other contributory causes of importance:

Generalized Arteriosclerosis. Senility.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. D. Whitmarsh M. D.

(Address) Church Home Inf

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52094

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Constantia Harper St., 1 Ward) Baltimore City Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Constantia Harper (38804)

If U. S. Veteran specify WAR .....

(a) Residence: No. 2448 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 12, 1922

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	10	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Md.

13. NAME Thomas

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Beatrice Mooney

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Nov 18 1938

19. UNDERTAKER Archibald E. Gaylor
(Address) 2101 McCulloh St.

20. FILED Huntington Williamsville, Va.

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 8, 38, 19..., to November 16, 19 38

I last saw her alive on November 16, 19 38 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Mar 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

2095

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52095

CERTIFICATE OF DEATH

X ✓ 210 M

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. South Balto. General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

2. FULL NAME Carle Williams

(a) Residence: No. Hammon Rd. A.A.Co. Md. St., 24-3 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) July 29, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Silva. Baily

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother Silva Williams

(Address) Ceder Hill A.A.Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary County Nov 18 1938

19. UNDERTAKER Archibald C. Haddis

(Address) 2104 McCulloh St.

20. FILED Nov 18 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Date of injury Nov. 15, 1938, 19

Where did injury occur? Annapolis Rd. A.A.Co. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

How injury occurred Walking on Road Struck by Auto.

Nature of injury Annapolis Rd. & Church St.

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) T. Ross Mellon M. D.

(Address) 2757 Mary Coroner

2096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52696

CERTIFICATE OF DEATH

930

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 10 - 2 Ward)

Length of residence in city or town where death occurred ~~1~~ yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nancy Chase

(a) Residence: No. 822 Ensor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Dec 15-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	45	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Chase

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Adelaide Robert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hilda Chase

(Address) 2722 8th Ave NY City

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/19/38

19. UNDERTAKER Payne Sanders

(Address) 1423-5 Preston St

20. FILED 19 Registrar.

18 1938 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	11/16/38
Other contributory causes of importance:	

Was an operation performed? — Date of None

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) George L. Allen M. D.

Coroner

(Address) 606 Fairmount Ave

F 52097

52097 . HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 820

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (Street) 27-15 (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Euphus Jones
(a) Residence: No. 5410 Dewmore Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Jones

6. DATE OF BIRTH (month, day, year) Jan 23 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Charles Jones
14. BIRTHPLACE (city or town) (State or country) U S

MOTHER
15. MAIDEN NAME Kerrella Perkins
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Bessie Jones
(Address) 5410 Dewmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 11/18 1938

19. UNDERTAKER Rainey Sanders
(Address) 1413 E. Preston St
Huntington Williams Mgr.
Registrar
NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Apoplexy	Nov 15
Other contributory causes of importance:	1938

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo L Allen M. D.
Coroner
(Address) 1 E Lexington St

S 8

F 52098

52098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 349-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Thomas (38602)

If U. S. Veteran specify WAR .....

(a) Residence: No. 604 Jasper St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane

6. DATE OF BIRTH (month, day, year) May 4, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Roland

14. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME Agnes Potter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Douglas Cem. Date Nov 21 1938

19. UNDERTAKER Adolphus Hall Lead
(Address) 718 Bond St. Balto.

20. FILED NOV 18 1938 Huntington Gilmore, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1938 to November 15, 1938

I last saw him alive on November 15, 1938 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct 7 1936
Other contributory causes of importance:	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

M. D. B 1268-9

F 52099

52099 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Patapsco Ave., Brooklyn St., 25-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War

2. FULL NAME Addie N. Donaldson

(a) Residence: No. 419 Patapsco Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James C. Donaldson

6. DATE OF BIRTH (month, day, year) Feb. 24, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph S. Coulburn

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Reddish

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elsie M. Simon

(Address) 419 Patapsco Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov. 18, 1938

19. UNDERTAKER William H. Mareck

(Address) 715 Light St.

20. FILED Nov. 18 1938 Clifton Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, (Specify)

(Signed) A. R. Gelien M. D.

(Address) 225 Munro Coroner

52100

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52100

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 E. Henrietta St., 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustav A. Baker

If U. S. Veteran specify WAR .....

(a) Residence: No. 4 E Henrietta St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Matilda C Baker

6. DATE OF BIRTH (month, day, year) Feb 7 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82 77	7 8 9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John F Baker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Green

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Cora B Baker Wife

(Address) 2615 Keyworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 18 1938

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED Nov 18 1938 H. Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1938

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Nov 15 1938

I last saw h.im. alive on Nov 14 1938 Death is said to have occurred on the date stated above, at 9:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sarcoma	1930
Chr. Intestinal Nephritis	1930

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? .....

Name of operation -

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19....

Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John S. Rienhoff M. D.

(Address) 12 E. 25th

52101

HEALTH DEPARTMENT—CITY OF BALTIMORE

52101

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2016 E. Preston St. 8-7 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida V. Doyle

(a) Residence: No. 2016 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John F. Doyle

7. DATE OF BIRTH (month, day, year): Dec. 15, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Charles W. Myers

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Sarah J. Philips

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Emily G. Fink

(Address): 2016 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Carmel Cem. Date: Nov. 19, 1938

19. UNDERTAKER: H. Howard Krong

(Address): 715 Light St.

19 1938 Huntington Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to Nov. 16, 1938

I last saw her alive on Nov. 15 1938 Death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance:	
Bronchial Asthma	1925 ± 10 yrs.
arteriosclerotic Heart Disease	1925 ±

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Karl Fogaman M. D.

(Address) 1212 N. Patterson Park Ave

52102

HEALTH DEPARTMENT—CITY OF BALTIMORE 52102

CERTIFICATE OF DEATH

Registered No. 467

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Payson St., 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augusta Heiser

(a) Residence: No. 403 S. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Heiser

6. DATE OF BIRTH (month, day, year) July 14, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME Louis Rheb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Lentgraf

(Address) 403 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/19/1938

19. UNDERTAKER Frederick A. Cole

(Address) 1100 W. Lombard St.

FILED NOV 18 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 cd, 1938 to November 14, 1938

I last saw h alive on Nov 14, 1938. Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum & Colon	June 1938
Other contributory causes of importance: Intestinal Obstruction	

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Amelia E Link M. D.

(Address) 717 N. Caroline St.

F 52103

103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 473

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. Decker St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James B Adams Jr

(a) Residence: No. 29 N. Decker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Adams

7. DATE OF BIRTH (month, day, year) May 18 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scrap Metal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0096

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James B Adams

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Julius F Adams 29 N Decker Ave

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date Nov 19 1938

19. UNDERTAKER (Address) John Ulrich 2000 Allens

20. FILED Nov 18 1938 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1938 to Nov 16 1938

I last saw h[e] alive on Nov 16 1938. Death is said to have occurred on the date stated above, at 5-7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma T Left lung	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ross Dudley M. D.

(Address) 258 61 Balto

18 1938

52104

HEALTH DEPARTMENT—CITY OF BALTIMORE

52104

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-1 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Howard Warner (38260)

If U. S. Veteran specify WAR

(a) Residence: No. 1114 Russell St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	~~59~~		~~16~~	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd jobs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Amanda

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date Nov. 19, 1938

19. UNDERTAKER

(Address)

20. Filed 19

Registrar.

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1938 to November 16, 1938.

I last saw him alive on November 16, 1938 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pneumonia	Sept, 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Baltimore City Hospitals

2105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52105

CERTIFICATE OF DEATH

173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Eden St., 10-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Benjamin Kulpa

If U. S. Veteran specify WAR.

(a) Residence: No. 912 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 34

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sait Kulpe

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fanny Satinstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL 11-18-38
Place Date 19

19. UNDERTAKER Jos. Lewis Inc.
(Address) 1937 E. Balto St.

20. FILED 19 Registrar

Huntington Williams, M.D.

18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16/38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bullet wound of abdomen	

Other contributory causes of importance:
Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/16/ 1938

Where did injury occur? 912 N. Eden St. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot in abdomen by an

Nature of injury unknown person.

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) Coroner

2106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52106

CERTIFICATE OF DEATH

38972 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-2 Ward) 108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Punka

(a) Residence: No. 1731 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

13. NAME George

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Beth Sholom Date 11-18-38 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 19 Registrar.

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1938 to November 16, 1938

I last saw him alive on November 16, 1938. Death is said to have occurred on the date stated above, at 5 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-1-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. L. De Saulle M. D.

(Address) Baltimore City Hospitals

2107 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52107

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 661 W. Lanvale St., 4-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Christian

If U. S. Veteran specify WAR

(a) Residence: No. 661 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vincent A. Christian

DATE OF BIRTH (month, day, year) March 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Lithuania Europe

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Lithuania Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania Europe

17. INFORMANT Mamie Phipps
(Address) 661 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 19, 1938

19. UNDERTAKER Leach, Brinkley, Inc.
(Address) 1012 Washington Blvd.

20. FILED 19 Registrar

Washington Boulevard, Nov. 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Nov 16, 1938

I last saw her alive on Nov 15, 1938. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	11-12-38
Other contributory causes of importance:	
Chronic Nephritis	1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward T. Nelson, M. D.

(Address) 662 Washington Blvd.

52108 ✓ E 52108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 122a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 S. 27th St. (Ward) 12-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander F. Hamilton

(a) Residence: No. 506 S. 27th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary A. Hamilton

7. DATE OF BIRTH (month, day, year): Dec. 7-1851

8. AGE: Years 86; Months 11; Days 13; If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teamster 023

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 10 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Howard Co. Maryland

13. NAME: Jessie E. Hamilton

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Catherine Parker

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Cora E. Boyland

(Address) 506 S. 27th St.

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Com. Date Nov. 19 1938

19. UNDERTAKER: Forrest F. Durgee

(Address) 3631 Falls Road

20. FILED 19 Registrar

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14 1938 to 11-17 1938

I last saw him alive on 11-17 1938 Death is said to have occurred on the date stated above, at 5:15 A. M.

The principal cause of death and related causes of importance were as follows:

Strangulated left inguinal hernia

Had had hernia for many years.

Date of onset 11-17-38

Other contributory causes of importance: ?

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F. Chenoweth M. D.

(Address) 1127 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

2109 52109

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 E. 21st St. St., 9-8 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Lester Booth

(a) Residence: No. 716 E 21st St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Booth

DATE OF BIRTH (month, day, year) 2 6 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Lester

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Summers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ned D Lester
(Address) 716 E 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 19 1938

19. UNDERTAKER Mary Mc Mechan
(Address) 2201 E Fayette St

20. FILED NOV 18 1938 Thos. J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1938 to Nov 17 1938

I last saw h[illegible] alive on Nov 17 1938. Death is said to have occurred on the date stated above, at 6 AM p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	7
Cerebral Hemorrhage	11-16-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Swarbrick M. D.

(Address) 5702 Belair Rd.

52110 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52110

95a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St., 9-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Wm Catherine E. Dwyer

(a) Residence: No. 509 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIDE of Albert J Dwyer

DATE OF BIRTH (month, day, year) 4/13/~~40~~-1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James O Connor

14. BIRTHPLACE (city or town) (State or country) Mt Calvary Md

15. MAIDEN NAME Margaret Gourley

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Mr. Albert Dwyer

(Address) 509 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Nov 19 1938

19. UNDERTAKER Mary M Medyckoski

(Address) 27 E 22nd St

20. FILED ... 19 ... Registrar.

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17-38

22. I HEREBY CERTIFY, That I attended deceased from 11-15-38 19... to 11-17-38 19...

I last saw her alive on 11-16-38 19... Death is said to have occurred on the date stated above, at 1:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cardiac failure	1 day
Auricular fibrillation	
Old Rheumatic infection (?)	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. R. Tennant M. D.

(Address) St. Josephs Hosp.

F 52111

H. D. P. 1268-2

111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 934 Leadenhall St., 23d Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Butler

(a) Residence: No. 934 Leadenhall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ... widow

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	?	?	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Richard Butler

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Thurlow Butler

(Address) 122 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 18 1938

19. UNDERTAKER Walter B. Rennison

(Address) 739 W. Hamburg St

FILED Huntington Williams Registrar

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1938 to Nov 16 1938

I last saw h... alive on Nov 16 1938. Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	?
Other contributory causes of importance:	
Acute Cardiac Dilatation	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. H. Lamdin M. D.

(Address) 1009 Wilkens Ave

52112 ✓ 52112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 126 N. Payson Street St., 20 Ward)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Marie Schaefer
(a) Residence: No. 126 N. Payson St. St., 20 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) May 31, 1916

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	5	15 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year) "
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME George V. Schaefer
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
15. MAIDEN NAME Dorothy L. Hohman
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
17. INFORMANT Mrs Dorothy L. Schaefer
(Address) 126 N. Payson Street
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 18-38
19. UNDERTAKER H. G. Tilden & Son
(Address) 1300 EUTAW PLACE
20. FILED Nov 18 1938 Jan Tilden, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15-38, 19
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 38 19 38 to Nov 15, 19 38
I last saw her alive on Nov 15, 19 38 Death is said to have occurred on the date stated above, at 8. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	11/14/38
Other contributory causes of importance Pulmonary Tuberculosis Cavitation	11/14/37

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Manuel A. Mercado M.D.
(Address) 926 W. Baltimore

52113

HEALTH DEPARTMENT—CITY OF BALTIMORE

52113

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Patapsco St. 25-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Mussi

(a) Residence: No. 533 Patapsco St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Mussi

DATE OF BIRTH (month, day, year) Feb 9 - 1845

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs Augusta Mussi
(Address) 533 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 11/19 1938

19. UNDERTAKER Edward Foulkes
(Address) 2329 Wash Blvd

20. FILED Nov 19 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-11, 1938, to Nov-16, 1938

I last saw her alive on Nov. 16, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia (Rt.)	11/4/38
Toxemia due to obstruction	11/12/38

Other contributory causes of importance: .....

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Lubin M. D.

(Address) 320 Patapsco Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2114 108 F 52114

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 215 W. Lanvale St. 16-1 (Ward)
Length of residence in city or town where death occurred 40 yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oscar E. Williams
If U. S. Veteran specify WAR .....

(a) Residence: No. 215 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M	cd	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) May 3, 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md
13. NAME Andrew W mo
14. BIRTHPLACE (city or town) (State or country) md
15. MAIDEN NAME Mary Forbes
16. BIRTHPLACE (city or town) (State or country) md
17. INFORMANT Mary Williams
(Address) 12-12 W. Lanvale St
18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 11/19 1938
19. UNDERTAKER Thomas E. Pelesa
(Address) 1503 Gregg Huntington Millwood, Va.
20. FILED NOV 18 1938 Registrar.

St. Peters Cem.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938 to Nov. 16, 1938
I last saw him alive on Nov. 16, 1938 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/13/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Pirtle M. D.
(Address) 1506 W. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE 52115

CERTIFICATE OF DEATH

115 72-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 W Lexington St. 30-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Virginia Lee Disney

(a) Residence: No. 1816 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thales Disney

DATE OF BIRTH (month, day, year) Aug 5-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keeper (Home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. Md

13. NAME William Bale Turner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lucia Brotherton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thales Disney SX

(Address) 1816 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 18 1938

19. UNDERTAKER Frank Furnow & Sons

(Address) Irvington Huntington & Williams Rds. Balto. Md.

20. FILED NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1938 to Nov 16 1938

I last saw her alive on Nov 16 1938 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Arteriosclerosis	about 6 yr.
Other contributory causes of importance: Chronic Myocardial Insufficiency	3 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Lauenbach M. D.

(Address) 2315 W. Monument

52116 HEALTH DEPARTMENT—CITY OF BALTIMORE 52116

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 812

CITY OF BALTIMORE: (No. Bay View St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Randall If U. S. veteran specify WAR

(a) Residence: No. 843 Fountain St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Randall (d)

DATE OF BIRTH (month, day, year) July 20-1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Julius Wallace

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosa E. White

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Leslie Lowery
(Address) 843 Fountain St.

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Green Date 11/19, 1938

19. UNDERTAKER Chas. H. Alexander
(Address) 1200 McCulloh St.

FILED 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1938

22. I HEREBY CERTIFY, That I was present at the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry And that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Hours
Original Hemorrhage	"
Other contributory causes of importance: Hypertension Heart Disease	1 Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D.
Coroner

(Address) 1212 N. Gay St.

2117 52117

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 24

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Catonsville Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. Joseph Blackman

(a) Residence: No. 11 N. Gilmore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26, 1937

7. AGE ~~Years~~	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21 Months	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Blackman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Jennette Long

16. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

17. INFORMANT Joseph Blackman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mary Cathedral Date 11/ 19 38

19. UNDERTAKER Howard D. Purington
(Address) 21 W. 25th St

20. FILED Huntington Williams, Nov 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 11/10/38 19 to 11/16/38 19

I last saw him alive on 11/16/38 19 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	11/10/38
Other contributory causes of importance: Pulmonary oedema.	11/16/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph E. Muse Jr. M. D.
(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52118

CERTIFICATE OF DEATH

114 F 52118

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hosp. St. 15-2 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Irving Sklar
If U. S. Veteran specify WAR

(a) Residence: No. 1812 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/21/38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME Abraham Sklar
14. BIRTHPLACE (city or town) (State or country) Martinsburg, W. Va.
15. MAIDEN NAME Sarah Blumberg
16. BIRTHPLACE (city or town) (State or country) Balto., Md.
INFORMANT Sarah Blumberg
(Address) 1924 N. Pulaski St
BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date 11-16- 19 38
UNDERTAKER Isaac Lewis Inc.
(Address) 1138 N. Bond St
Huntington Williams, Nurse
Registrar

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1938, to Nov. 18, 1938
I last saw him alive on Nov. 15, 1938. Death is said to have occurred on the date stated above, at 1:51 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	
otitis media	
Other contributory causes of importance:	
Prematurity	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? None Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herbert N. Gundersheimer, M.D.
(Address) Sinai Hosp

54470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-DF 52119

52119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert S Haber

If U. S. Veteran specify WAR

(a) Residence: No. 5012 Branch ave St., Ward. Tampa Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-26-25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME Samuel Haber

14. BIRTHPLACE (city or town) (State or country) Palestine

15. MAIDEN NAME Clara Dean

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

BURIAL, CREMATION, OR REMOVAL

Date Nov 19 1938

UNDERTAKER

(Address)

FILED NOV 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1938 to Nov 18, 1938

I last saw him alive on Nov 18, 1938. Death is said to have occurred on the date stated above, at 545 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Tumor - Carcinoma Carcinoma Tumor	

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 12, 1938

For what disease or injury? Brain Tumors

Name of operation Craniotomy

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kenneth L Pickrell M. D.

(Address) Johns Hopkins Hosp

WALTHALL

HEALTH DEPARTMENT—CITY OF BALTIMORE

52120 — CERTIFICATE OF DEATH — ✓9 — F 52120

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Donald Walthall — If U. S. Veteran specify WAR

(a) Residence: No. 1513 W. Lexington St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec. 8, 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Andrew Walthall

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Oline

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Nov 18, 1938

UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

FILED NOV 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1938 to Nov. 16, 1938

I last saw him alive on Nov. 16, 1938. Death is said to have occurred on the date stated above, at 5-05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	10/20/38
Lobar Pneumonia	?
Empyema	
Pneumonia Septicemia	
Other contributory causes of importance: Pneumococcus Meningitis	
Type 14.	

Was an operation performed? Yes Date of 10/10/38

For what disease or injury? Empyema

Name of operation Thoracotomy.

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No (If yes, specify)

(Signed) Myron A. Tuell M. D.

(Address) Lyden Hospital

2121

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 52121

CERTIFICATE OF DEATH

√ 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital S. 10-2 Ward)

CITY OF BALTIMORE: (No.....

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Brown (Correct name according to relati "Clarence A. Rodgers" WAS U.S. Veteran specify WAR WW

(a) Residence: No. 700 Elk St. Johns Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 1, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) Oct. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Clarence Brown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Rodgers

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Balto National Date Nov-19 1938

UNDERTAKER Mrs. R. C. Elliott-Daughter

(Address) 1129 N. Carrollton Ave

DATE 19 Signature

NOV 18 1938 Huntington Williams, Agt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 19 38

22. I HEREBY CERTIFY, That I attended deceased from November 10, 19 38 to November 16, 19 38

I last saw him alive on November 16, 19 38 Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, acute, broncho-pneumonic	2 wks
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 1-15-39 an dersn. M. D.

(Address) U.S. Marine Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52122 F 52122

CERTIFICATE OF DEATH

52122

Registered No. 1877

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) Balto. City Hospitals 159 CC

CITY OF BALTIMORE: (No.) Bay View St. 10-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (specify WAR)

2. FULL NAME Wilson Baby Boy

(a) Residence: No. 1003 Ensor St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Colored	—

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 14-1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Elijah Wilson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sadie Jackson

16. BIRTHPLACE (city or town) (State or country) Hayworth Va.

INFORMANT Sadie Jackson Mother
(Address) 1003 Ensor St.

BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL NOV 17 1938 19

Commissioner of Health

UNDERTAKER Thos. H. & Thos. Williams, Nyst

Address

NOV 18 1938 Registrar

Timington 4:35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis Premature birth	8 Months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52123

CERTIFICATE OF DEATH

✓ 94-3

F 52123

Registered No. 22-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm. Robinson

(a) Residence: No. 123 Welcome Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL Nov 17 1938

UNDERTAKER Commissioner of Health

(Address)

NOV 18 1938 Thurston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and learn the accounts (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Occlusion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. R. Clarke M. D.

Coroner

(Address) 2757 W. Lanvale

52121

HEALTH DEPARTMENT—CITY OF BALTIMORE

52124

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Winans Way 28-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anton Muller

If U. S. Veteran specify WAR .....

(a) Residence: No. 600 Winans Way St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Hulda Muller

6. DATE OF BIRTH (month, day, year) Oct. 7 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City Germany

13. NAME Andrew Muller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hulda Muller

(Address) 600 Winans Way

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 19 1938

19. UNDERTAKER John A. Moran

(Address) 3002 E. Baltimore St.

20. FILED Nov 19 1938 Registrar.

NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Nov. 16, 1938

I last saw him alive on Nov. 15, 1938. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/36
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Eugene L. Tessaglia M. D.

(Address) 514 Druid Lane

52125 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52125

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-2 Ward)

Length of residence in city or town where death occurred ....yrs. life mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Croce

(a) Residence: No. 524 N. Glover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 11/2/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Bay

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11/19/ 1938

19. UNDERTAKER P. J. Moran
(Address) 3000 E. Baltimore

20. FILED 11/19/ 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 12 1938 to November 16, 1938

I last saw her alive on November 16, 1938. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-9-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. G. De Sautelle M. D.

(Address) Baltimore City Hospitals

52126 E 52126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39039 (77-B)

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Vogelsang

(a) Residence: No. 1216 Riverside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 6/29/1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME George Vogelsang (d)

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Marion Clark (d)

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Nov 21 1938

19. UNDERTAKER Margaret L. Fleury
(Address) 2107 N. Eutaw St.

NOV 18 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938 to November 18, 1938

I last saw him alive on November 18, 1938. Death is said to have occurred on the date stated above, at 12.55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

27

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52127

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Miller (35337) If U. S. Veteran specify WAR

(a) Residence: No. 1711 Lancaster St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 18, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Alfred Miller

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Barbara Loewenwein

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Date Nov. 19, 1938

UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

NOV 18 1938 Registered by Lingard Fullwood, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1938 to November 15, 1938

I last saw him alive on November 15, 1938 Death is said to have occurred on the date stated above, at 11:45 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Mar 1934
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52128 V95-B F 52128

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5 YORK COURT St. 12-1 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARGARET HUNTER ARNOLD

(a) Residence: No. 5 YORK COURT St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of BRIDGEWATER M. ARNOLD

6. DATE OF BIRTH (month, day, year) MCH L. 1867 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) NEW YORK CITY

13. NAME ALEX. S. HUNTER

14. BIRTHPLACE (city or town) (State or country) N.Y.STATE

15. MAIDEN NAME ELIZABETH STUART

16. BIRTHPLACE (city or town) (State or country) N.Y.STATE

INFORMANT WM. C. ARNOLD

(Address) 5 York COURT

BURIAL, CREMATION, OR REMOVAL

Place ROSEDALE CEMETERY Date Nov. 19. 1938

Place ORANGE N.J.

UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

NOV 18 1938 Huntington Williams, Agt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1931, to Nov 17, 1938

I last saw her alive on Nov 17, 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	
Coronary Thrombosis	Nov 17, 38
Arterio-Sclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Bickman, M. D.

(Address) 11 E. CHASE ST.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52129

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Eutaw Place) (3-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antonia R. Cabassa

If U. S. Veteran (specify WAR) ...

(a) Residence: No. 2327 Eutaw Place Ward. Puerto Rico

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Olivia A Cabassa

6. DATE OF BIRTH (month, day, year) Unknown, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Puerto Rico

13. NAME of Father Antonio Cabassa

14. BIRTHPLACE (city or town) (State or country) Puerto Rico

15. MAIDEN NAME of Mother Petronila Toviedo

16. BIRTHPLACE (city or town) (State or country) Puerto Rico

INFORMANT Mr. William Cabassa

(Address) 714 S. Fredonia Alliance Ohio

BURIAL, CREMATION, OR REMOVAL Puerto Rico

Place Mayaguez Puerto Rico Date Mar 15, 1938

UNDERTAKER Chas. J. Conway & Son

(Address) 901 Hollins Street

1938 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1938 to 11-18, 1938

I last saw him alive on 11-18-38, 1938 Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	

Other contributory causes of importance:

None

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinically Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard Cohen M. D.

(Address) Mare Brough Apts

52130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52130

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 422 E. North Ave - 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Eliza Jane Poehlman

If U. S. Veteran specify WAR

(a) Residence: No. 422 E. North Ave St., ... Ward. 12th.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Charles F. Poehlman

6. DATE OF BIRTH (month, day, year) Dec. 18, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Philip Coales

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Martha Gray

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs A. E. McCready
(Address) 422 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Memorial Park Date nov 19 38

19. UNDERTAKER Albert W. Percy
(Address) 440 E. North Ave

20. FILED Huntington Williams, M.D.
NOV 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6 1938 to November 17 1938

I last saw her alive on November 17 1938 Death is said to have occurred on the date stated above, at 9.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia	Indefinite
Senility	
Other contributory causes (if any) and importance: Heart failure	Over

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Reginald J. Tonry M. D.
(Address) 414 E. North Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

52131 CERTIFICATE OF DEATH F 52131

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Ellwood Ave St., 1st Ward)

Length of residence in city or town where death occurred 86 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JACOB WAGNER

(a) Residence: No. 127 N Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
M.	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Elizabeth Wagner

DATE OF BIRTH (month, day, year) Feb 11 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beals to Md.

13. NAME Not Known Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Wagner

(Address) 127 N Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date 11/19/38

19. UNDERTAKER Geo H. Zeyenbuch

(Address) 1254 Pennsylvania Ave

NOV 18 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to Nov 15 1938

I last saw him alive on Nov 14 1938 Death is said to have occurred on the date stated above, at 9.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	11/10/38
Other contributory causes of importance: Prostatitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Wagner M. D.

(Address) 1604 E Baltimore St

GARNER

HEALTH DEPARTMENT—CITY OF BALTIMORE

52132

CERTIFICATE OF DEATH

23 F 52132

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1615 N Carey St. 15-1 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ethel Garner

(a) Residence: No. 1612 Carey St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Garner

DATE OF BIRTH (month, day, year) 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

8. Date deceased last worked at this occupation (month and year) Always | 11. Total time (years) spent in this occupation Always

9. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Lorgia Hamilton

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Hamilton

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Albert Garner

(Address) 1615 N. Carey St.

BURIAL, CREMATION, OR REMOVAL Mount Cathedral Cem Date May 19 1938

UNDERTAKER J. Geo. Chas. Halstead

(Address) 915 Lemmon Ave Walbrook

FILED NOV 18 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16-1938

22. I HEREBY CERTIFY, That I attended deceased from ?-?-1928 to 11-16-1938.

I last saw her alive on 11-15-1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1928
Other contributory causes of importance:	
Emphysema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. & physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Saunders, M. D.

(Address) 1029 Stricker St.

Hester C Burle

HEALTH DEPARTMENT—CITY OF BALTIMORE

52133

CERTIFICATE OF DEATH

37758 45-B F 52133

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

Length of residence in city or town where death occurred 30 ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Coolidge Hester Burle

(a) Residence: No. 218 N. Pearl St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Cane Ellis

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Englar Mem. Date Nov. 21 1938

19. UNDERTAKER Adolph M. Halstead

(Address) 9 E. Lexington St. Baltimore, Md.

20. FILED NOV 18 1938 Huntingtown Fellowship, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17 1938

22. I HEREBY CERTIFY, That I attended deceased from October 6 1938 to November 17 1938

I last saw her alive on November 17 1938. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

52134

CERTIFICATE OF DEATH

X 160-B F 52134

PLACE OF DEATH St Agnes Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Wilkens + Caton Aves. St 25-1 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Baby Boy Haid

If U. S. Veteran specify WAR

(a) Residence: No. Sulphur Spring Rd, Baltimore St., ... Ward. ...
(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 11-17-38

AGE Years	Months	Days	If LESS than 1 day ... hrs. or 45 min.
		1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

10. NAME Williams Joseph Haid

12. BIRTHPLACE (city or town) (State or country) Pittsburg, Pennsylvania

13. MAIDEN NAME Julia Clementine Lentner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. Joseph Haid
(Address) Sulphur Spring Rd, Baltimore Md

BURIAL, CREMATION, OR REMOVAL
Place Meadowridge Date Nov 19 1938

UNDERTAKER Chas. John M Pugel & Son
(Address) 801 W. Fayette St

NOV 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-17-1938 to 11-18-1938

I last saw him alive on Nov 18 1938 Death is said to have occurred on the date stated above, at 3 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage.	11-17-38
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Joseph E. Muse Jr. M. D.
(Address) St Agnes Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52135

CERTIFICATE OF DEATH

51-B F 52135

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2912 Ingelwood St. 27-7 Ward)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Frederick F. Finke

(a) Residence: No. 2912 Ingelwood Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Louisa Finke

DATE OF BIRTH (month, day, year) 10-22-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balt Md

10. NAME Frank Finke

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Anna Frankolz

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT Louisa Finke

(Address) 2912 Ingelwood Ave

15. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 11-1938

16. UNDERTAKER Leonard Duck

(Address) 6805 Harford Rd

17. DATE RECEIVED NOV 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-24-, 1937 to 11-16-, 1938

I last saw him alive on 11-16-1938 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma urinary bladder	Feb 1936
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm B. Egbert M. D.

(Address) 2802 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52136 — 97 F 52136

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3807 W. Garrison Blvd. Ward 24)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Edward C. Walter

(a) Residence: No. 3807 W. Garrison St. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Nellie B.

6. DATE OF BIRTH (month, day, year) Apr 26-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Deals Island Md

13. NAME OF FATHER Chas. Walter

14. BIRTHPLACE (city or town) (State or country) Deals Island Md

15. MAIDEN NAME OF MOTHER Sarah Johnson

16. BIRTHPLACE (city or town) (State or country) Deals Island Md

17. INFORMANT James E. Walter

(Address) 3807 W. Garrison Av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 19 1938

19. UNDERTAKER Williams Cook

(Address) 1217 St. Paul St

20. FILED ... 19... Registrar

NOV 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938 to Nov 17, 1938

I last saw him alive on Nov 16, 1938. Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	Nov 1936
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Eugene R. Terrazzo, M. D.

(Address) 514 Drury Lane

HEALTH DEPARTMENT—CITY OF BALTIMORE

52137

CERTIFICATE OF DEATH

46-BF 52137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archibald R. Gordon

If U. S. Veteran (specify WAR) No Record

(a) Residence: No. 331 E. 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Cecelia Gordon

DATE OF BIRTH (month, day, year) May 28th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Scotland

12. NAME Wm Gordon

13. BIRTHPLACE (city or town) (State or country) Scotland

14. MAIDEN NAME Agnes Ralston

15. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Mrs Ida Evans

(Address) 2609 Allendale Ter

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 19th 1938

UNDERTAKER William Cook

(Address) 1217 St. Paul St

9 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) ~~duly~~ and that said deceased came ~~duly~~ by said death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Munke M. D.

Coroner

(Address) Coroner

800 N Fulton

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52138

59 F 52138

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 N. Fulton Ave. Ward 16-th)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Georgia L. Disney

If U. S. Veteran specify WAR

(a) Residence: No. 800 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of — Isaac Henry Disney

6. DATE OF BIRTH (month, day, year) July 7-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4.	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME OF FATHER John T. Shipley

14. BIRTHPLACE (city or town) Balto
(State or country) Maryland

15. MAIDEN NAME OF MOTHER Virginia Walters

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Arthur M. Disney

(Address) 1831 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov. 21 1938

19. UNDERTAKER Francis E. Byer

(Address) 1600 W. Baltimore St.

FILED NOV 19 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to November 17, 1938

I last saw her alive on November, 17 1938 Death is said to have occurred on the date stated above, at 11-20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	1936
Arterosclorosis	1936
Interstitual nephritis	1938

Other contributory causes of importance:

Cardiac insuffiency	1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) E. B. Krom M. D.

(Address) 606 N Fulton Ave

52139 HEALTH DEPARTMENT—CITY OF BALTIMORE 52139

CERTIFICATE OF DEATH

X 52

PLACE OF DEATH HOWARD A KELLY HOSPITAL

TY OF BALTIMORE: (No. ..... St., 144 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME THOMAS LANGFORD BUTLER

If U. S. Veteran specify WAR .....

(a) Residence: No. 58 Hill Road, Castlewood St., Louisville, Kentucky Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

f married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Fanny Strader Short Butler

ATE OF BIRTH (month, day, year) Jan 24 1865

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	9	25	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

. Date deceased last worked at this occupation (month and year) about 1925

11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) (State or country) Franklin Co, Kentucky

3. NAME John Russell Butler

4. BIRTHPLACE (city or town) (State or country) Shelby Co, Ky

5. MAIDEN NAME Jane Short

6. BIRTHPLACE (city or town) (State or country) Hopkinsville, Ky

NFORMANT Walt Courtenay Jr (nephew)

(Address) 2425 Grinnany, Louisville Ky

URIAL, CREMATION, OR REMOVAL

Place Louisville Ky Date Nov 19 1938

NDERTAKER Chas. V. Black

(Address) 142 W. Broadway

ILED Huntington Williams, Mgr

19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934 to Nov 18 1938 19...

I last saw h. alive on Nov 18 1938. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

2 epithelioma of right ear with metastases to glands of neck 1934

Other contributory causes of importance:

Was an operation performed? removal of ear Date of May 5 1936

For what disease or injury? epithelioma of Rt ear

Name of operation partial resection of Rt ear

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edmund Kelly, M. D.

(Address) 1715 Eutaw Place

2140 HEALTH DEPARTMENT—CITY OF BALTIMORE 52140

CERTIFICATE OF DEATH

46-F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 W. Fayette St. 4-Z Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Joseph Razauskas

(a) Residence: No. 642 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced: HUSBAND of (or WIFE of) Anna Rogers Razauskas

DATE OF BIRTH (month, day, year) March, 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithuania Europe

NAME Benedict Razauskas

BIRTHPLACE (city or town) (State or country) Lithuania Europe

MAIDEN NAME Barbara Adpkus

BIRTHPLACE (city or town) (State or country) Lithuania Europe

INFORMANT Mrs. Krupiene (Address) 640 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov. 21 1938

UNDERTAKER Joseph Kasimkas (Address) 602 Washington Blvd.

FILED 1938 Huntington, Williams, Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1938 to Nov 17 1938

I last saw him alive on Nov 17 1938 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	6 mos
Other contributory causes of importance: General carcinomatosis (Metastasis)	3 mos

Was an operation performed? Yes Date of Nov 1-38

For what disease or injury? Carcinoma of pancreas

Name of operation (Exploratory (see other side)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lutz M. D.

(Address) Temple Garden Apts

HEALTH DEPARTMENT—CITY OF BALTIMORE

52141 CERTIFICATE OF DEATH 161-D F 52141

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No: 2041 E. Hoffman St. 8-7 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Lillian Pittroff

(a) Residence: No. 2041 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Nov. 17, 1938

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
–	–	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frederick W. Pittroff

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elenora Moreland

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Elenora Pittroff

(Address) 2041 E. Hoffman St.

BURIAL, CREMATION, OR REMOVAL

Place St. Mauricios Cem Date Nov 19 1938

UNDERTAKER George V. Zibler

(Address) 737 E. Eager St.

NOV 19 1938 Huntington Williams, Nyt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th, 1938, to Nov 18th, 1938.

I last saw h[illegible] alive on Nov 18th, 1938. Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

Asphyxia — Data of onset

Neonatorum (normal delivery)

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis L. Dagli, M. D.

(Address) 1101 St Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52142 — F 52142

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5705 Carter Ave. St. 27-t Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura J. Carter

(a) Residence: No. 5705 Carter Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME John Carter

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rachel Carter

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Milton Tolle
(Address) Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hiss M.E. Date Nov. 19 1938

19. UNDERTAKER Fredk Lansdale & Son
(Address) 7401 Belair Rd.

NOV 19 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and view the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify,

(Signed) Paul Schreiber M. D.
Coroner

(Address)

6

Baxter

HEALTH DEPARTMENT—CITY OF BALTIMORE

52143

CERTIFICATE OF DEATH

13 F 52143

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 E Lamont St) (Ward) 7

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Anna L. Baxter

(a) Residence: No. 1641 E Lamont St, ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Female White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of Father Joseph V. Baxter

14. BIRTHPLACE (city or town) (State or country) Dist Columbia

15. MAIDEN NAME of Mother Anna Walker

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Miss Grace Baxter 26 Torrey Dorchester Mass

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Date Nov 21 1938

19. UNDERTAKER (Address) A. Howard Evans 1400-02 St Paul St Baltimore

20. FILED Nov 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 28th 1936 to Nov 18th 1938

I last saw him alive on Nov 18th 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset .....

Renal disease

organic arteriosclerotic

Other contributory causes of importance: senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 2077 W North Ave

52144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-E 52144

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Corrodent St 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacqubim Spencer

(a) Residence: No. 1504 W Mulberry St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 5-1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Morris Spencer

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Nutetuk

16. BIRTHPLACE (city or town) (State or country): Tuskegee Ala

17. INFORMANT: Morris Spencer

(Address) 1504 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Lynn Cemetery Date Nov 19 1938

19. UNDERTAKER: Lucas & Lancaster

(Address) 1001 Pennsylvania Ave

20. FILED: 19 1938 Huntington Williams, Dpty.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-18-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	11/15/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Allen, M. D.

(Address) 1501 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

52145

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Edna L Duehle

If U. S. Veteran specify WAR .....

(a) Residence: No. 4517 (Usual place of abode) Arabia Ave, Baltimore Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Griffith Duehle

6. DATE OF BIRTH (month, day, year) Mar 12 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Harry Lawson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Anna Riedel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT JOHNS HOPKINS HOSPITAL Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Nov 21 1938

19. UNDERTAKER John H. Valentine

(Address) 2326 Eutaw St.

19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938 to Nov 18, 1938

I last saw h.. alive on Nov 18, 1938. Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus —	
postoperative, for	
benign breast tumor	

Other contributory causes of importance: .....

Was an operation performed? Yes Date of Nov 9, 1938

For what disease or injury? (Breast Tumor)

Name of operation Mastectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth L. Packard M. D.

(Address) Johns Hopkins Hosp

FILED Nov 29 1938 at Hunting Park Millhouse, Md.

B. 1268-9

F 52146

146 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1712 Sestor St. St., 25-3 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Galway

(a) Residence: No. 1712 Sestor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Watson

ATE OF BIRTH (month, day, year) June 13, 1864

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	4	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Trust Co.

. Date deceased last worked at this occupation (month and year) Deceased | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Ireland

. NAME George Galway

. BIRTHPLACE (city or town) (State or country) Ireland

. MAIDEN NAME Jane Mason

. BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Lucas Flory

(Address) 1711 Sestor St

URIAL, CREMATION, OR REMOVAL

Place Ft Olivet Date 11/19/38 19

NDERTAKER J. F. Ulysses Kelly

(Address) 130 E. Fort Ave.

ILED 19 Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Nov 17, 1938

I last saw him alive on Nov 17, 1938 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

myocarditis — Date of onset Nov 14 '38

Other contributory causes of importance:

arteriosclerotic cardio vascular renal disease — 5-6 years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin Klassing, M. D.

(Address) 1904 W Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52147 CERTIFICATE OF DEATH 94 B F 52147

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 Mondawmin St. 13-5 Ward)

Length of residence in city or town where death occurred 24 yrs. 5 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Katie Grace Bordley

(a) Residence: No. 3434 Mondawmin Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Cauc.	Widowed

If married, widowed, or divorced (HUSBAND of) (or) WIFE of Richard T. Bordley

DATE OF BIRTH (month, day, year) March 6 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 1937

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md.

6. NAME Mary Ann Shaw

7. BIRTHPLACE (city or town) (State or country) Baltimore Md

8. MAIDEN NAME Catherine Hanlon

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs. Eva Bordley

(Address) 3434 Mondawmin Ave

BURIAL, CREMATION, OR REMOVAL

Place Lebanon Cemetery Date Nov 19 1938

UNDERTAKER Wm Uebner & Bro

(Address) Baltimore

Nov 19 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1938 to Nov. 16, 1938

I last saw her alive on Nov 16 1938. Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows: Coronary Occlusion Date of onset Nov 14 38

Acute abdominal distress

Failure to Wake.

(Other contributory causes of importance) Chronic Myocarditis Excellent

no complications

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Clinical Symptoms Was an autopsy .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Winfield Sale M. D.

(Address) 2707 Garrison Blvd

52148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52148

CERTIFICATE OF DEATH

PLACE OF DEATH Maryland General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Linden Ave & Madison St Ward) 124

th of residence in city or town where death occurred 53 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frank M. Olmstead

If U. S. Veteran specify WAR .....

(a) Residence: No. 2100 N. Pulaski St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

TE OF BIRTH (month, day, year) August 15th 1885

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53		3	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec Co.,

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Md.

. NAME Theodore D. Olmstead

. BIRTHPLACE (city or town) (State or country) New York

. MAIDEN NAME Julia F. Bond

. BIRTHPLACE (city or town) (State or country) Balto. Md

FORMANT Theodore D. Olmstead
(Address) 2100 N. Pulaski St.,

URIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Nov 21st. 19 38

NDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna Aves.

NOV 19 1938 Huntington Williamsport, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 18 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-19- . 1938 to 11-18- . 1938

I last saw him alive on 11 - 18 - 1938 Death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal thrombosis & Cirrhosis of Liver	
Other contributory causes of importance:	
Ascites -	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify

(Signed) H. F. Hunkowski, M. D.

(Address) Md. Gen. Hosp.

49 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52149

93-e

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) 3022 Garrison Blvd St., 15-8 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

FULL NAME C. Katherine Bockleman

(a) Residence: No. 3022 Garrison Blvd St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Unknown

E Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Companion

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Germany

NAME Wilhelm

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME [illegible]

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Anna M. Shaw

(Address) 3022 Garrison Blvd

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 9th 1938

NDERTAKER George J. Smith

(Address) 1900 Eutaw Place Huntington Williams, Wm.

LED Registrar

9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17 . 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 . 1938 to Nov 17 . 1938

I last saw her alive on 11/17 . 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease - Chronic Myocarditis	1935
Other contributory causes of importance: Acute Heart Failure	24 hrs

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Little M. D.

(Address) 128 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52150 CERTIFICATE OF DEATH ✓ 13 F 52150

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2 W. Ostend St. 23rd Ward)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Clara Belle Reinhart

(a) Residence: No. 2 W. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Reinhart

ATE OF BIRTH (month, day, year) April 23, 1871.

AGE 57 Years	Months	Days 25	If LESS than 1 day hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Wash. D. C.

10. NAME John H. Shreve

11. BIRTHPLACE (city or town) (State or country) Wash. D. C.

12. MAIDEN NAME Miller

13. BIRTHPLACE (city or town) (State or country) Wash. D. C.

14. INFORMANT William E. Reinhart
(Address) 2 W. Ostend St.

15. BURIAL, CREMATION, OR REMOVAL
Place Western Date NOV. 21 1938

16. UNDERTAKER Henry A. Wiltse & Co.
(Address) 4101 Jamondson Ave.

FILED NOV 19 1938 Huntington Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to Nov 18 1938

I last saw her alive on Nov 15 1938 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Other contributory causes were as follows: Chronic Nephritis 1936 Hypertension & Senile Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Hamilton Rand M. D.

(Address) 2 W. Ostend St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52151

CERTIFICATE OF DEATH

V 131

F 52151

Registered No.

PLACE OF DEATH: St Agnes' Hospital, Caton & Baltimore, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 50 St.,

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME: Ida C. Keller

(a) Residence: No. 3609 Hineline Rd., Violetville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of: late Samuel P. Keller

TE OF BIRTH (month, day, year): Dec. 1, 1875.

E Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0059

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

RTHPLACE (city or town) (State or country): Maryland

. NAME: John T. Gilpin

. BIRTHPLACE (city or town) (State or country): Maryland

. MAIDEN NAME: Rachael Pearce

. BIRTHPLACE (city or town) (State or country): Maryland

FORMANT: Mrs. Sarah Dean (Daughter)

(Address): 3609 Hineline Rd.

URIAL, CREMATION, OR REMOVAL: Mary's Cem. Hampden Nov. 19/38

Place:

NDERTAKER: Harry A. Luippke

(Address): 101 Edmondson Ave.

19 1938 Huntington Williams, Mgr.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on November 16, 1938 Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Dilatation	10/14/38
Hypertension C.V. Disease	1936
Syphilis	
Tabycarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) John F. Coolahan M. D.

(Address) St Agnes' Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52152

CERTIFICATE OF DEATH

84-97

F 52152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 22 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME J. Emerson Sheaffer

If U. S. Veteran specify WAR .....

(a) Residence: No. Highspire, Pa. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Sept. 17-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stuffworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0079

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Millerstown Pa.

13. NAME Israel E. Sheaffer

14. BIRTHPLACE (city or town) (State or country) Mt Pleasant Mills Pa

15. MAIDEN NAME Maria Ann Curley

16. BIRTHPLACE (city or town) (State or country) Thompsontown Pa

17. INFORMANT Mrs J. Emerson Sheaffer

(Address) Highspire, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Thompsontown Pa. Date Nov. 23. 38

19. UNDERTAKER H. S. Roth W.C.

(Address) Middletown Pa.

FILED NOV 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1937 to Nov. 19, 1938

I last saw him alive on Nov. 19, 1938 Death is said to have occurred on the date stated above, at 6:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Involutional Melancholia	2 yrs
Marked General arteriosclerosis	2
Other contributory causes of importance: Exhaustion	2m

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel P. Clagett M. D.

(Address) 336 Locust St

STATE OF MARYLAND—CERTIFICATE OF DEATH F 52153

CE OF DEATH

Registration Dist. No. 95B

ty Baltimore

ge or City " " No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

h of residence in city or town where death occurred ..... yrs ..... mos ..... ds How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

L. NAME Emma Lucy ambrose

Residence: No. 1908 Edmondson ave St. 16-4 Ward

(Usual place of abode)

If nonresident give city or town and State

RSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
e w Lut	Widow

d, widowed, or divorced ND of FE of Simon ambrose

BIRTH (month, day, and year) July 1 1857

Years	Months	Days	If LESS than 1 day hrs. or min.
79	4	15	

e, profession, or particular kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. House work

stry or business in which work was done, as SILK MILL, AW MILL, BANK, etc 0037

deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

ACE (city or town) Beaver creek Md

e or country)

E Adams Bowser

HPLACE (city or town) Waynesboro Pa

State or country)

DEN NAME Emmaline McCoy

HPLACE (city or town) Pa

State or country)

ANT Mrs Bertha Brown

ress Edmondson ave

CREMATION, OR REMOVAL

Waynesboro Date 11 22 1938

Walter J Grove

ress) Waynesboro Pa

Huntington Williams, Dirs

9 1538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 19 (Month) (Day) 1938 (Year)

22. **I HEREBY CERTIFY.** That I attended deceased from July 3rd, 1938 to November 19, 1938

I last saw h.. alive on November 19, 1938 death is said to have occurred on the date stated above, at 2 P m

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows

	Date of onset
generalized arteriosclerosis	Several years
Arteriosclerotic Heart Disease with hypertension-Congestive failure	
Other Contributory Causes of importance	
Cerebral Hemorrhage	3 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Michel M. D.

(Address) 1901 Edmondson Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. ..

54 E 52151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1953

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1055 N Milton St., 8-3 Ward)

th of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 53 yrs. ... mos. ... ds.

FULL NAME Joseph Krizek KRIZEK If U. S Veteran specify WAR .....

(a) Residence: No. 1055 N Milton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of or) WIFE of Anna Krizek

TE OF BIRTH (month, day, year) Oct 4, 1883

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	1	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Bohemia

NAME Joseph Krizek

BIRTHPLACE (city or town) (State or country) Bohemia

MAIDEN NAME Not known

BIRTHPLACE (city or town) (State or country) Bohemia

FORMANT Anna Krizek
Address) 1055 N. Milton Ave

RIAL, CREMATION, OR REMOVAL
Place Oakhill Date Nov. 22 1938

NDERTAKER Frank Enoch & Son
Address) 1906 Eutaw Pl.

Huntington Williams, M.D.
Registrar.

ED 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1-38 to Nov 19 38, 19..

I last saw h... alive on Nov 18 38, 19.. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset Nov 1-38

Uremia - Nephritis. Nov 1937

Cystic Pyelitis

Other contributory causes of importance

Cystic Kidneys Nov 1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ... (Signed) H C Hamilton M. D.

(Address) 1055 N Milton Ave

By J Krizek 1939 N Wolfe Ave

55

HEALTH DEPARTMENT—CITY OF BALTIMORE

52155

CERTIFICATE OF DEATH

Home for Aged V 131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2211 Rogers Ave ~~St.~~ 07-15 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Parent

FULL NAME Mary Ware

(a) Residence: No. 2211 Rogers Ave ~~St.~~ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

~~married~~, widowed, or ~~divorced~~ (HUSBAND of) (or) WIFE of William Ware

DATE OF BIRTH (month, day, year) Jan 16th 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

NAME OF FATHER Charles Ridgely

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME OF MOTHER Prudence Harris

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Rec'd from Rev Cook M.E. Church

(Address) 2211 Rogers Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 21st 1938

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

NOV 20 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1938, to Nov. 18, 1938

I last saw her alive on Nov. 18, 1938 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis Chronic	
Other contributory causes of importance: Myocarditis	

Was an operation performed? ✓ Date of ✓

For what disease or injury? None

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. C. Heyemeyer M. D.

(Address) 700 N. Fulton Ave

Filed for Alliance, N.J.

HEALTH DEPARTMENT—CITY OF BALTIMORE 52156

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5714 Harford Rd. (Ward) 27th

(Length of residence in city or town where death occurred) ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Minnie Barbara Rudd

If U. S. Veteran, specify WAR Widowed

(a) Residence: No. 5714 Harford Road, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

(If married, widowed, or divorced) (HUSBAND of) (or) WIFE of Ernest H. Rudd

DATE OF BIRTH (month, day, year) Dec 27-1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	10	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Anton F Kuhl

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Frances Kapke

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Edwin H. Rudd

(Address) 3734-7 E. Jackson Blvd N.Y.C.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 11/21 1938

UNDERTAKER Williams Cook

(Address) 1727 E Pratt St

FILED NOV 20 1938 19... Huntington Hubbard Reg.

MEDICAL CERTIFICATE OF DEATH 3:10 PM

21. DATE OF DEATH (month, day, year) Nov 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1938 to Nov 18 1938

I last saw her alive on Nov 18 1938 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma due to acidosis	Nov 17 1938
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Norris B Grant M. D.

(Address) 3009 Evergreen Ave Baltimore Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52157

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 2211 Rogers Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John A. Knott

If U. S. Veteran specify WAR

(a) Residence: No. 2211 Rogers Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
	White	Married

~~married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Anna Knott

TE OF BIRTH (month, day, year) June 7th 1862

E Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

RTHPLACE (city or town) (State or country) Montgomery Co Md

NAME T. Bartholomew Knott

BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MAIDEN NAME Elizabeth Allnutt

BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FORMANT Record Home for Aged & Infirm M.E. Church

(Address) 2211 Rogers Ave

RIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 21st 1938

NDERTAKER Wm Cook

(Address) 1217 St. Paul St

LED 19 Huntington Middlesex, Eng.

NOV 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to Nov. 18 1938

I last saw him alive on Nov 18 19 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Other contributory causes of importance: Prostatitis Chronic	

Was an operation performed? ✓ Date of ✓

For what disease or injury?

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. C. Thomson M. D.

(Address) 700 Eutaw Pl

58 F 52158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B 38687-PS

PLACE OF DEATH
Y OF BALTIMORE: (No. Baltimore City Hospitals St., 27-15 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Retired

FULL NAME Thomas Comella

(a) Residence: No. 4348 Falls Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ella Comella

7. DATE OF BIRTH (month, day, year) 4-10-1869

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	8	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician ~~Magician~~

10. Industry or business in which work was done, as mill, saw mill, bank, etc Orchestra Md. Theatre

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Antonio Comella

BIRTHPLACE (city or town) (State or country) Md.

14. MAIDEN NAME OF MOTHER Clara Hooper

BIRTHPLACE (city or town) (State or country) Md.

15. INFORMANT H. C. L. Records
(Address)

16. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 2nd. 1938

17. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

FILED 19 Registrar.

20 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1938 to November 18, 1938

I last saw him alive on November 8, 1938 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. de Santella M. D.

(Address) Baltimore City Hospitals

159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52159

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 27-10 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Brogan

If U. S. Veteran, specify WAR Rebellion

(a) Residence: No. 5104 Ivanhoe Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Sept. 14. 1859

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick-Mason

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Donegal Ireland

MOTHER'S NAME (Unknown) Brogan

MOTHER'S BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME OF MOTHER (Unknown) Burns

MOTHER'S BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT W T Jackson

Address 5104 Ivanhoe Ave

BURIAL, CREMATION, OR REMOVAL Birmingham 11/20 38

UNDERTAKER Wm Ely

Address 1217 E Pratt St

FILED NOV 20 19 38 Registrar

Patterson, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 . 1938 to Nov. 19 . 1938

I last saw him alive on Nov. 19 . 1938 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Psychosis	4 mo.
Arteriosclerosis with Hypotension	2
Other contributory causes of importance: Interstitial Nephritis	2

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Samuel P. Algire M.D.

(Address) 3 W Fayette St

E 52160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) West Balto. Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary Andrews

(a) Residence: No. 124 S. Potomac St., 1-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Andrews

DATE OF BIRTH (month, day, year) Nov 17, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Italy

10. NAME Mary A Cella

11. BIRTHPLACE (city or town) (State or country) Italy

12. MAIDEN NAME Workmon

13. BIRTHPLACE (city or town) (State or country) Italy

14. INFORMANT Peter Andrews

(Address) 124 S. Potomac St.

15. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 22 1938

16. UNDERTAKER F. V. Pipetone

(Address) 258 E. Balto St

17. FILED NOV 20 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of right Ulna 1

Lateral Sclerosis.

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Nov 8 1938

Where did injury occur? Park Light & Interurban Rails (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury Struck by Street Car.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Happy M. D.

Coroner

(Address) 1215 Hanover

E 52161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161 82-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 14 W. Randall St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME James W. Morgan

(a) Residence: No. 14 W. Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Heidrick Morgan

6. DATE OF BIRTH (month, day, year) Sept 1, 871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Clerk

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

10. NAME OF FATHER morgan

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME OF MOTHER alepine Thomas

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Mrs. Agnes Morgan

(Address) 14 W. Randall St.

15. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/22 1938

16. UNDERTAKER Morgan & Millard

(Address) 240 N. Eutaw St.

Filed NOV 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1938 to Nov. 19, 1938

I last saw him alive on Nov. 18, 1938 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/2/38
Other contributory causes of importance: Exhaustion	11/18/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11/19/38 (Signed) R. F. Campbell M. D.

(Address) 1644 Hanover St

62 F 52162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3903 Fordham Drive St. 27-20 Ward)

th of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Max Jonas

(a) Residence: No. 3903 Fordham Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

married, widowed, or divorced

HUSBAND of (or) WIFE of Sarah R. Jonas

DATE OF BIRTH (month, day, year) Mch. 16, 1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Sales-man

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Jonas Jonas,

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Emma Lesserman,

BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs. Sarah R. Jonas,
(Address) 3903 Fordham Drive.

BURIAL, CREMATION, OR REMOVAL
Mt. Sinai Cem. Date Nov. 21, 1938
Place Philadelphia, Pa.

UNDERTAKER Barnet Sonderman & Son.
(Address) 1902 Eutaw Place.

FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 22 1936 to Nov 19 1938

I last saw him alive on Nov 18 1938 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1936
Arteriosclerosis, cerebral & Coronary	1936
Acute pulmonary Edema	Nov 1938
Other contributory causes of importance: Cerebral Hemorrhage	May 1936

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Alan Bernstein M. D.

(Address) 1207 Eutaw Place.

GHG

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52163

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2125 E. Oliver St. 8-4 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Wesley S. Stancliffe

If U. S. Veteran specify WAR .....

(a) Residence: No. 2125 E. Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna M. Stancliffe

TE OF BIRTH (month, day, year) Mar-14-1879

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	8	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Box Mfr.

Date deceased last worked at this occupation (month and year) 5-23-35

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Long Island New York

NAME of father Wilson Stancliffe

BIRTHPLACE (city or town) (State or country) N. Y.

MAIDEN NAME of mother Alice Ella Wood

BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT Anna M. Stancliffe

Address) 2125 E. Oliver St

RIAL, CREMATION, OR REMOVAL

Place Ft. Carmel Date 11-22-1938

NDERTAKER Roy L. Kelly Inc

Address) 2435 E. Oliver St

LED 20 1938 Huntington Williams, Jr. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Nov 19, 1938

I last saw him alive on Nov 19, 1938. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Insufficiency & Hypertrophied Prostate	
Fract. R. Hemoplegia & L. Hemoplegia	one

Other contributory causes of importance

Was an operation performed? None to my knowledge

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. O. Carman, M. D.

(Address) 1701 N. Caroline St

HEALTH DEPARTMENT—CITY OF BALTIMORE F 52164

CERTIFICATE OF DEATH

PLACE OF DEATH West Baltimore Gen'l Hospital. Dukeland & Bayne Sts Registered No.

Y OF BALTIMORE: (No. 3210 Piedmont St., C Ward) 464 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Abraham Carpman

(a) Residence: No. 3210 Piedmont Ave, St., 15-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mrs. Lillian Carpman

TE OF BIRTH (month, day, year) 9-30-1880

Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Russia
(State or country)

NAME Lillian Carpman

BIRTHPLACE (city or town) Russia
(State or country)

MAIDEN NAME Bobby Krowlin

BIRTHPLACE (city or town) Russia
(State or country)

FORMANT Hospital Record
(Address)

RIAL, CREMATION, OR REMOVAL
Place Herring Run Cem Date 11-20-38 19

DERTAKER
(Address)

ILED NOV 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1938, to Nov. 18, 1938

I last saw him alive on Nov. 16, 1938 Death is said to have occurred on the date stated above, at 2:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the head of the pancreas	
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lillian Howard M. D.

(Address) West Baltimore Gen'l Hospital

5 Steinhagen ✓ F 52165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. West Balto. Gen. Hospital Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry L. Steinhagen If U. S. Veteran specify WAR.

(a) Residence: No. 2116 Linwood Ave St., 15-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of "

DATE OF BIRTH (month, day, year) July 12, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hunter Man
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch room
9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Germany

12. NAME Henry Steinhagen

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Catherine Meyer

15. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Henry Steinhagen wife

(Address) 2210 Linwood ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 21 1938

UNDERTAKER George L. Lefmat.

(Address) 2101 Frederick ave.

FILED NOV 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 5:00 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis,	

Other contributory causes of importance: Pertinacity Edema

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry M. D.
Coroner

(Address) 1215 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 52166

47-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. Sinai Hospital St., A S/R Ward)

(b) Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME William F. Reiss

(a) Residence: No. 201 N. Milton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Male	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: WIFE of (or) HUSBAND of: Clara Reiss

6. DATE OF BIRTH (month, day, year): July 8 1865

7. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73 yrs.	4	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lighting Co.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country): Balto. Md.

NAME: John Reiss

BIRTHPLACE (city or town) (State or country): Germany

MAIDEN NAME: Not known

BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs. Clara Reiss

(Address) 201 N. Milton

BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Nov. 21 1938

UNDERTAKER: Jos. I. Berra & Son

(Address) 156 N. Linwood Ave. Huntington Williams, N.J.

NOV 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/8 1938 to 11/18 1938

I last saw him alive on 11/18 1938 Death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Carcinoma	8 mos

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Elliot Katz M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52167

CERTIFICATE OF DEATH

PLACE OF DEATH Sinai Hospital 186-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Bay View St., 14-2 Ward)

th of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

FULL NAME Mildred Morris

(a) Residence: No. 70 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

married, widowed, or divorced
HUSBAND of
WIFE of Owen C. Morris

TE OF BIRTH (month, day, year) Sept 13-89

E Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Virginia
(State or country)

NAME Lillian Langford

BIRTHPLACE (city or town) Virginia
(State or country)

MAIDEN NAME Christian Bagley

BIRTHPLACE (city or town) Virginia
(State or country)

FORMANT Clara Barbour
(Address) 70 Madison Ave

URIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem 11-21 1938

NDERTAKER George P. A. Gibson

(Address) 1735 Lewis Hillman Huntington Terminal, Inc.

V 20 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	2 days
Fracture Neck right femur and Pelvis	Nov. 9-1938
(Other contributory causes of importance) Adrenal heart disease	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 9 1938

Where did injury occur? 70 Madison Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Tripped and fell to floor

Nature of injury Fracture as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E. Wood M. D.
Coroner

(Address) 1712 N. Howard St

38 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52168

CERTIFICATE OF DEATH

23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto. City Hospitals St., 3-2 Ward)

th of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Dempsey (8479) If U. S. Veteran specify WAR

(a) Residence: No. 128 Albemarle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) June 22, 1881

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fancy Leather Work

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Va.

NAME Silas

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Julia Brown

BIRTHPLACE (city or town) (State or country) Va.

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Laurel Hill Date 11-20 19 38

NDERTAKER J. J. Lahey & Sons
(Address) 1315 Luzerne Ave

LED NOV 20 1938 Lexington Hillyard
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to November 17, 1938

I last saw him alive on November 17, 1938 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1927
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

NJ

2KG

F 52169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH Md. General Hosp. 2802 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Madeira & Lucile Ave Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Leyburn Bennett (Res.)

(a) Residence: No. 2922 Silverhill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

married, widowed, or divorced) HUSBAND of (or) WIFE of Sara Bennett

TE OF BIRTH (month, day, year) Feb 2 1868

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto. Maryland

NAME Livingston Bennett

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Cornelia Hershey

BIRTHPLACE (city or town) (State or country) Illinois

FORMANT Sarah Bennett

(Address)

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Nov. 21 1938

NDERTAKER Wm. C. Mitchell & Sons

(Address) 1900 Eutaw Place

LED Huntington, Indiana, Nov 19 1938 Registrar.

OV 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-1938

22. I HEREBY CERTIFY That I attended deceased from 11-6-1938 to 11-18-1938

I last saw h[illegible] alive on 11-18-1938. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Other contributory causes of importance: Hypertension C.V.D. Generalized arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Henderson M. D.

(Address) Md. Gen'l Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52170

Registered No. 59

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital St. 22-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Mathis Munder

If U. S. Veteran specify WAR

(a) Residence: No. 3707 Spalding Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Widowed

married, widowed, or divorced)
SBAND of (or) WIFE of Maurice P. Munder

TE OF BIRTH (month, day, year) 5/5/1860

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
78	6	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

RTHPLACE (city or town) (State or country) Maryland

NAME George Walther

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Mary Putzer

BIRTHPLACE (city or town) (State or country) Germany

FORMANT (Address) Mrs Sophia Baguol (sister) 3710 Frankford Ave.

ERAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 21 19 38

STEWART & MOWEN COMPANY

NDERTAKER (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

ILED ... 19 ...

20 1938 Huntington Williams Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1938, to 11-18, 1938.

I last saw he alive on 11-18, 1938. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular renal disease with uremia	?
diabetes Mellitus	?
Cellulitis of neck	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-15-38

For what disease or injury? Cellulitis of Neck

Name of operation Incision and drainage

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Howard R. Cooper, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52171

CERTIFICATE OF DEATH

52-E

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Cambridge Arms Apartments St., 12 Ward) 12-2

Length of residence in city or town where death occurred 67 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dr. Otto Melchior Reinhardt

If U. S. Veteran specify WAR None

(a) Residence: No. Cambridge Arms Apartments St., 12 Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Anna Reinhardt

6. DATE OF BIRTH (month, day, year) July-7-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

Date deceased last worked at this occupation (month and year) Sept-27-38

11. Total time (years) spent in this occupation abt. 45 yrs.

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME Melchior Reinhardt

9. BIRTHPLACE (city or town) (State or country) ? ? Germany

10. MAIDEN NAME Sophia Weidman

9. BIRTHPLACE (city or town) (State or country) ? ? Germany

INFORMANT Miss Edith L.S. Reinhardt (daughter)

(Address) Cambridge Arms Apts., City.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Ceme. Date Nov/21/38 19

UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

NOV 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 38 to Nov 18 38

I last saw him alive on Nov 18 38 and Death is said to have occurred on the date stated above, at 4a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Genital & Pelvic Regions	do
Other conditions, if any, giving rise to the foregoing	

Was an operation performed? no Date of no

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) P. L. Kuyser M.D.

(Address) Winter Haven Fla

HEALTH DEPARTMENT—CITY OF BALTIMORE

52172

CERTIFICATE OF DEATH

93-e

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 2809 Mt Holly St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Frances W. Schouler,

(a) Residence: No. 2809 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

TE OF BIRTH (month, day, year) March 3, 1876

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Syracuse
(State or country) New York

NAME Rev. Wm. Schouler,

BIRTHPLACE (city or town) West Cambridge
(State or country) Mass,

MAIDEN NAME Sophia B. Heaton,

BIRTHPLACE (city or town) Brooklyn
(State or country) New York

FORMANT Wm. J. Miller,
(Address) 2809 Mt Holly St.

RIAL, CREMATION, OR REMOVAL

Place Elkton Md. Date 11-21-38

NDERTAKER Robert S. Little
(Address) 2700 Edmondson Ave,

Huntington Millwood, D.C.

LED 20 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1935 to 11/19, 1938

I last saw her alive on 11/18, 1938 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Cardiovascular Renal Chronic myocarditis	1927
Other contributory causes of importance: Acute heart failure (Contributory)	11/18/38

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) Lucien B. Taylor M. D.

(Address) 928 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 521-73

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. 1910 E. Madison St., 7-5 Ward)

(b) If outside limits of city or town where death occurred, yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary E. Nichols

(a) Residence: No. 1910 E. Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

If married, widowed, or divorced (a) HUSBAND of (or) WIFE of: John T. Nichols

6. DATE OF BIRTH (month, day, year): Jan 1-1888

7. Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country): Rochester Md

9. NAME OF FATHER: Wm J Stearns

BIRTHPLACE (city or town) (State or country): Md

MAIDEN NAME OF MOTHER: Mary McCready

BIRTHPLACE (city or town) (State or country): Md

INFORMANT (Address): Caroline Stearns 1910 E Madison St

BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Date Nov 20 1938

UNDERTAKER (Address): Robert E. Williams 1515 McElderry St

FILED NOV 20 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16 1938

I HEREBY CERTIFY, That I attended deceased from Nov 7 1938 to Nov 16 1938

I last saw her alive on Nov 16 1938 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Nov 1938
Contributory causes of importance: Interstitial Nephritis	Nov 1 1938

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

Nov 17 (Signed) Geo J Allen M. D.

(Address) 50 Fergusson St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52174

CERTIFICATE OF DEATH

131

PLACE OF DEATH South Balto. Gen. Hosp. 27-6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME George Walter Simpson

(a) Residence: No. 2808 ~~W~~ Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X	W	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Simpson

TE OF BIRTH (month, day, year) 4-15-1885

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 19

RTHPLACE (city or town) (State or country) Balto. Md

NAME Jesse Simpson

BIRTHPLACE (City or town) (State or country) Balto, Md

MAIDEN NAME Ida Mayshaw

BIRTHPLACE (city or town) (State or country) Balto Md

FORMANT (Address) Margaret Simpson 2808 Fulton Ave

RIAL, CREMATION, OR REMOVAL Place Catholic Date 11-21-38 19

NDERTAKER (Address) Leonard J Rupp 5300 Harford

V 20 1938 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18. 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10 1938 to 11-18 1938

I last saw him alive on 11-18 1938 Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo-Nephritis	
Uremic Coma	11-16-38
Other contributory causes of importance:	
Secondary anemia	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Krall M. D.

(Address) South Balto Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

175 F 52175

CERTIFICATE OF DEATH

PLACE OF DEATH Union Memorial Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Calvert & 33rd St. 12-25 Ward)

h of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. David Phillips McNutt (Grace)

If U. S. Veteran specify WAR

(a) Residence: No. Northampton, Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

Married, widowed, or divorced (HUSBAND of (or) WIFE of) David McNutt

E OF BIRTH (month, day, year) Sept 24 1891

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month, year) Oct 1938

11. Total time (years) spent in this occupation 20

RTHPLACE (city or town) (State or country) Lancaster Co Pa

NAME William Brownell

BIRTHPLACE (city or town) (State or country) Lancaster Co Pa

MAIDEN NAME Elizabeth Elgel

BIRTHPLACE (city or town) (State or country) Lancaster Co Pa

FORMANT David McMutt

(Address) Nottingham Pa

RIAL, CREMATION, OR REMOVAL

Place Fremont Cem Pa Date Nov 24. 1938

NDERTAKER E. E. Tyson

(Address) Perkasie Bucks Co

LED By Huntington Titus Registrar

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20/38 19

22. I HEREBY CERTIFY, That I attended deceased from 11/3 1938 to 11/20/38 19

I last saw her alive on 11/20 1938. Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/4/38

For what disease or injury? Carcinoma of Uterus

Name of operation Hysterectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hammond J. DeCourcy M. D.

(Address) 3311 St Paul St Balto Md

F 52176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. (Ward) 4-26

(If outside limits of city or town where death occurred, give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eugene Joseph Callahan

If U. S. Veteran specify WAR

(a) Residence: No. 105 N. Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Kathaman

6. DATE OF BIRTH (month, day, year) July 7 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	63	4	10 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rot Kamon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Eugene Callahan

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Budgett Hughes.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Jos W Bilisoly Richmond Va.

18. BURIAL, CREMATION, OR REMOVAL Place Richmond Va Date 11-20. 1938

19. UNDERTAKER (Address) John C. Miller Inc. 2135 E. Oliver St.

NOV 21 1938 Huntington Fallsway, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence (Inquest, Autopsy or Inquiry)

adduced at said Inquest) (Inquest, Autopsy or Inquiry) and that said deceased came to his death in the due stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-19.
(Apoplexy)	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Kamon Coroner M. D.

(Address) 826 W Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52177

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-S Ward)

If of foreign birth? ....yrs. ....mos. ....ds. How long in U. S.

If U. S. Veteran specify WAR

Length of residence in city or town where death occurred 0 yrs. mos. 6 ds.

FULL NAME Charles J. Fox

(a) Residence: No. 8 Deliver St. St., Ward Auburn, N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

Male

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Irene Fox

DATE OF BIRTH (month, day, year) June 16, 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Foxburg Pa.

NAME OF FATHER Charles Franklin Fox

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME OF MOTHER Catherine Hills

BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs. Irene B. Fox

(Address) Auburn, N.Y.

BURIAL, CREMATION, OR REMOVAL

Place Auburn N.Y. Date Nov. 20 1938

UNDERTAKER Harry H. Wintzbee

(Address) 710 E. Monument Ave.

FILED NOV 21 1938 Hunter's Point, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Nov. 19, 1938.

I last saw him alive on Nov. 19, 1938. Death is said to have occurred on the date stated above, at 7.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1928
Bronchopneumonia	11-13-38

Other contributory causes of importance:

Emphysema
Arterio sclerosis

Was an operation performed? Yes Date of Nov. 16, 1938

For what disease or injury? Asthma, bronchial

Name of operation Denervation of lung, left

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) Wesley J. Keel M. D.

(Address) Church Home & Inf

HEALTH DEPARTMENT—CITY OF BALTIMORE

52178

CERTIFICATE OF DEATH

✓ 1337

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto. City Hosp. St. 9-9 (Ward)

h of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Tollak Larsen

(a) Residence: No. 1825 Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced (USBAND of er) WIFE of Hannah (Ruud)

TE OF BIRTH (month, day, year) 10-27-1871

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Norway

NAME ?

BIRTHPLACE (city or town) (State or country) Norway

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) Norway

FORMANT R. C. M. Cemetery
(Address)

RIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 11/21/38 19

NDERTAKER George J. Sutton Inc.
(Address) 235 N. Howard St.

Huntington Hilliard, Registrar.

NOV 21 1938

RKK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-18 1938 to 11-18 1938

I last saw him alive on 11-18 1938 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Uremia	1 week

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify.

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

52179

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Ruckert St. (Dr.) Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Anna A. Daus

(a) Residence: No. 2812 Ruckert Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Widowed

Married, widowed, or divorced HUSBAND of (or) WIFE of: Henry W. Daus

DATE OF BIRTH (month, day, year): July 25, 1852

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town & State or country): Germany.

NAME: Schroeder

BIRTHPLACE (city or town) (State or country): Germany.

MAIDEN NAME: Unknown

BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs Dora Repp

(Address) 2812 Ruckert Ave

BURIAL, CREMATION, OR REMOVAL

Place: Emmanuel Date: Nov. 21, 1938

UNDERTAKER: J. J. Neumann & Son

(Address) 32 S. Broadway

FILED 1938 Huntington Williams Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 38 to Nov 18 38

I last saw ~~her~~ alive on Nov 18 1938. Death is said to have occurred on the date stated above, at 9.48 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Cerebral Apoplexy	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Kaufe M. D.

(Address) Med. Arts Bldg.

(52180) HEALTH DEPARTMENT—CITY OF BALTIMORE (52180)

CERTIFICATE OF DEATH

OK--95-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospital Ille St., 2351 Ward)

h of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR.....

ULL NAME Sadie Bean

(a) Residence: No. 927 Bevans St., St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	Colored	Married

married, widowed, or divorced (USBAND of (e) WIFE of Henry (William)

E OF BIRTH (month, day, year) Sept. 10, 1880

Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
58	1	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME Unknown

BIRTHPLACE (city or town) (State or country) W. Va.

MAIDEN NAME Annie Russ

BIRTHPLACE (city or town) (State or country) W. Va.

FORMANT City Hospital Records

(Address)

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 11/22/38 19

NDERTAKER Isaac L Brown & Son

(Address) 109 N Montgomery St

LED ..... 19..... Registrar

1938 Huntington Address, Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1938, to ~~the~~ November 18 1938

I last saw her alive on November 18, 1938. Death is said to have occurred on the date stated above, at 7:24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-2-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. A. De Shazo M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

181 52181

CERTIFICATE OF DEATH

√ 46-D

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No.) 1280 Riverside Ave (Ward) 24-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

FULL NAME Margaret A. Bradshaw

If U. S. Veteran specify WAR

(a) Residence: No. 1280 Riverside Ave E., Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

married, widowed, or divorced USBAND of r) WIFE of John A. Bradshaw

E OF BIRTH (month, day, year) June 15 1858

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	5	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland.

NAME George W. Ennis

BIRTHPLACE (city or town) (State or country) Maryland.

MAIDEN NAME Ellen Loftus

BIRTHPLACE (city or town) (State or country) Maryland.

FORMANT Mrs John A. Elsner

(Address) 1280 Riverside Ave

RIAL, CREMATION, OR REMOVAL

Cedar Hill Date 11-23rd 193

NDERTAKER Bernard E. Harle

(Address) 121 E West St

ED 1938 Huntington, Millington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936 to Nov. 19, 1938

I last saw h[illegible] alive on Nov 19, 1938. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Other contributory causes of importance:	
Myocardial Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent M. Mayer, M. D.

(Address) 1703 S. Charles St.

32 # HEALTH DEPARTMENT—CITY OF BALTIMORE 52182

CERTIFICATE OF DEATH

94-a

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 2601 Garrison Blvd St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 53 yrs. 8 mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Lawrence Creamer Fairbanks

If U. S. Veteran specify WAR

(a) Residence: No. 2601 Garrison Boul. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

Unmarried, widowed, or divorced HUSBAND of WIFE of: Elsie Roberts Fairbanks

DATE OF BIRTH (month, day, year) February 24th 1885

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning Business

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER'S NAME Samuel Fairbanks

FATHER'S BIRTHPLACE (city or town) Talbot County, Md.
(State or country)

MOTHER'S MAIDEN NAME Martha Bruff

MOTHER'S BIRTHPLACE (city or town) Talbot County, Md.
(State or country)

INFORMANT Mrs Elsie Roberts Fairbanks
(Address) 2601 Garrison Boul.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 21st, 1938

UNDERTAKER Wm. J. Tichnor & Sons
(Address) North & Penna Aves.

FILED 1938 Huntington Hilliard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1938 to Nov 19 1938

I last saw him alive on Nov 19 1938 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	9 days
Other contributory causes of importance:	
Angina pectoris	9 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harris Bruff M. D.

(Address) 2224 Garrison Blvd

F 52183

183 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1416 W Lanvale St. 16-2 Ward)

th of residence in city or town where death occurred 95 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Alice E. Jones

(a) Residence: No. 1416 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Chandos Jones

TE OF BIRTH (month, day, year) April 15 - 1843

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Va

. NAME Herbert Roberts

. BIRTHPLACE (city or town) (State or country) Va

. MAIDEN NAME unk

. BIRTHPLACE (city or town) (State or country)

FORMANT (Address) William Sullivan 1416 Lanvale St

URIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Nov 22/ 1938

NDERTAKER (Address) Mrs B H A Elliott-Douglas 1129 N Arlington Ave

Nov 21 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Subarachnoid Hemorrhage	Nov 16 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D. Coroner

(Address) 500 Cathedral St

2184 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52184

CERTIFICATE OF DEATH 108

PLACE OF DEATH

OF BALTIMORE: (No. Provident Hosp St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred life yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

FULL NAME Jack Neal

If U. S. Veteran specify WAR

(a) Residence: No. 1729 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
HUSBAND of
) WIFE of

E OF BIRTH (month, day, year) Sept 3 / 1919

Years	Months	Days	If LESS than 1 day, hrs. or min.
19	2	16	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bulldozer

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. Labor, steel Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Baltimore Md

NAME Samuel Neal.

BIRTHPLACE (city or town) (State or country) Waherrin Va.

MAIDEN NAME Jessie Bagley.

BIRTHPLACE (city or town) (State or country) Va.

FORMANT Samuel Neal, father
Address) Waherrin Va.

RIAL, CREMATION, OR REMOVAL
Hugh Waherrin Va Date Nov 22 / 1938

DERTAKER Mrs Robert A Elliott-Douglas
Address) 1129 Caroline st.

ED Huntington Millard, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-29-38, 19, to 11-19-, 1938

I last saw h e alive on 11-19-, 1938. Death is said to have occurred on the date stated above, at 2.40 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt Lobar Pneumonia (whole lobe)	10-29-38
Other contributory causes of importance: Toxemia	11-9-38

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical + Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Maloney M. D.

(Address) Provident Hospital
Ba 4005

85

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52185

CERTIFICATE OF DEATH

V 38986 JS

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Balto. City Hospt. St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ..yrs..mos..da. How long in U. S. If of foreign birth? ..yrs..mos..da.

ULL NAME Scott. Isabella Matthews

If U. S. Veteran specify WAR

(a) Residence: No. 1512 W. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Married

married, widowed, or divorced USBAND of (or) WIFE of HILARY

E OF BIRTH (month, day, year) 5-17-1900

Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
38	40	6	1

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME Benjamin Scott

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Annie ?

BIRTHPLACE (city or town) (State or country) Md.

FORMANT B. C. H. Records

(Address)

RIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Nov 22, 1938

DERTAKER Mrs Kate R Williams

(Address) 322 N Schroeder St

LED ..., 19.. Registrar.

21 1938 Huntington Hospital, Md.

GHG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1938 to 11-18, 1938

I last saw her alive on 11-18, 1938 Death is said to have occurred on the date stated above, at 10.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Body uterus	?
Extreme Secondary anemia	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) L K Woodward Jr M. D.

(Address) Balto City Hosp.

F 52186

2186 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3738 (5 or B)

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward)

h of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Rogers

If U. S. Veteran specify WAR

(a) Residence: No. 518 Lewis St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

married, widowed, or divorced
(USBAND of
(er) WIFE of

TE OF BIRTH (month, day, year) 1878 ?

Years	Months	Days	If LESS than 1 day, hrs. or min.
? 60 59			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Va.
(State or country)

NAME Patton Rogers

BIRTHPLACE (city or town) Va.
(State or country)

MAIDEN NAME Catherine Brooks

BIRTHPLACE (city or town) Va.
(State or country)

PORMANT City Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL

Place Int. Cabarrus Co. Date 11, 21 19 38

NDERTAKER Joseph P. Locke, Jr.

Address) 4214 E. Eager St.

LED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15 1938, to November 17 1938

I last saw her alive on November 17, 1938. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSautelle M. D.

(Address) Baltimore City Hospitals

21 1938 Hamilton Millican, M.D.

187 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52187

CERTIFICATE OF DEATH

94-A

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3707 Belle Av St. 15-11 Ward)

th of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

FULL NAME Clara G. O'Brien

(a) Residence: No. 3707 Belle Ave St., ...Ward. (If non-resident give city or town and State)

(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of John P. O'Brien

TE OF BIRTH (month, day, year) Feb. 13-1874

E Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	9	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md.

. NAME John H. Witten

. BIRTHPLACE (city or town) (State or country) Baltimore Md.

. MAIDEN NAME Rosalie Hulsman

. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FORMANT John P. O'Brien (Address) 115 E. West St.

URIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 22 1938

NDERTAKER Elizabeth Hark Inc. (Address) 115 E. West St.

LED NOV 21 1938 Huntington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 19 38 to Nov 17 19 38

I last saw h alive on Nov 9 19 38 Death is said to have occurred on the date stated above, at 2:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....If so, specify .....

(Signed) ..... M. D.

(Address) .....

2188 HEALTH DEPARTMENT—CITY OF BALTIMORE B52188

CERTIFICATE OF DEATH 38707 (LE 98)

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 26-10 Ward)

th of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Dora Elizabeth Ruff

(a) Residence: No. 330 S. Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

married, widowed, or divorced
USBAND of
) WIFE of Unknown

E OF BIRTH (month, day, year) 3/19/1862

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Christian Henry Ruff

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Theodore Bruggeman

BIRTHPLACE (city or town) (State or country) Germany

FORMANT City Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 11/22 19 38

DERTAKER John Ulrich
Address) 2208 Eutaw St.

D 1938 Hunting Town Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1938 to 11-19, 1938

I last saw her alive on 11-18, 1938 Death is said to have occurred on the date stated above, at 1:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis, ulcers & gangrene left leg	?
Bronchopneumonia	?
	11-4

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. F. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52189

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 24

OF BALTIMORE: (No. ..... St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Esther Bell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1222 Ashland ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

Unmarried, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 2-20-22

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	8	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

NAME Ernest Bell

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Alice Warner

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Bet Haiim Date 11-20 1938

UNDERTAKER Jos. Lee Bennett

(Address) 1220 Madison Ave

FILED Huntington Ave Office 11-21-38

8/C

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1938 to Nov 18, 1938

I last saw her alive on Nov 18, 1938. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Nov 1, 1938
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) F. Lemoine Neely, M. D.

(Address) Johns Hopkins Hospital

F 52190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52190

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3037 St Paul St. 12-2 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William J. Bergin

If U. S. Veteran specify WAR

(a) Residence: No. 3037 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

married, ~~widowed~~ or ~~divorced~~
HUSBAND of
~~or WIFE of~~

TE OF BIRTH (month, day, year) August 17 1884

E Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoes

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md

. NAME Matthew Bergin

. BIRTHPLACE (city or town) (State or country) Ireland

. MAIDEN NAME Margaret Fitzsimmons

. BIRTHPLACE (city or town) (State or country) Ireland

FORMANT L. M. Bergin
(Address) 3037 St Paul St

RIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 22 1938

NDERTAKER Henry Menkin & Sons
(Address) 1600 N Charles St

ILED Nov 19 1938 Thos F Williams Registrar

I 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1937 to Nov 19th 1938

I last saw him alive on Nov 19 1938. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1937.
Other contelbutory causes of importance: Cardiac Asthenia	1938

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert E. Zapp M. D.

(Address) 3048 N. Kresta St.

F 52191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2243 Eutaw Place (St.) (Ward) 2

(a) Residence: No. (If non-resident give city or town and State) Newport News, Va.

FULL NAME Selma Helena Rosenblatt

(a) Residence: No. 2243 Eutaw Place St., Ward (If non-resident give city or town and State) Newport News, Va.

(Usual place of abode) Hotel

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rosenblatt

6. DATE OF BIRTH (month, day, year): About 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 67			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country): Germany

9. NAME: Sali Rosenstein

10. BIRTHPLACE (city or town) (State or country): Germany

11. MAIDEN NAME: Bona Frey

12. BIRTHPLACE (city or town) (State or country): Germany

13. INFORMANT: Mrs. Maurice Rosenstein

(Address) 107 W. 86th St. New York

14. BURIAL, CREMATION, OR REMOVAL

Place: New York Date: Nov. 24 38

15. UNDERTAKER: Laird Sondheim & Son,

(Address) 1902 Eutaw Place

Huntington Williams, M.D. Registrar

REGISTERED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 20. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Degeneration	6/3/38
Hypotension	

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert A. Evans M. D.

Coroner

(Address)

2192 F 52192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 3-2 Ward)

Length of residence in city or town where death occurred yrs. 17 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Elton Ross

(a) Residence: No. 1111 Watson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	17		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Thomas Ross

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Julia Sutton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thomas Ross

(Address) 1111 Watson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Nov 21 1938

19. UNDERTAKER Robert F. Wallizer

(Address) 1015 McElderry St

Nov 21 1938 Huntington Hibbard, Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Nov. 18, 1938 Date of injury, 19

Where did injury occur? Balto. City Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Ran into St. Struck by Auto in Front Of 1111 Watson St.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

F 52193

Registered No.

193

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 5250 Nelson Ave. Ward) 27-18

h of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Lena Maus

(If non-resident give city or town and State)

a) Residence: No. 5250 Nelson Ave St., Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	widow

married, widowed, or divorced) HUSBAND of (or) WIFE of John Maus

E OF BIRTH (month, day, year) Dec 6, 1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME John Bellhaver

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Hahnemann

BIRTHPLACE (city or town) (State or country) Germany

ORMANT (Address) Mrs Walter Buckler 5250 Nelson Ave

RIAL, CREMATION, OR REMOVAL Date 11/22/ 1938

Loudon Pk.

DERTAKER (Address) John Fallon 501 Fallon St

LED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7. 1938 to Nov 19. 1938

I last saw her alive on Nov 6. 1938 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 hr.
Chronic Myocarditis	years ago
Other contributory causes of importance: Senile arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Ashmead M. D.

(Address) 401 N Park Ave

F 52194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 174

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 116-1

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME James Carroll

(a) Residence: No. 1106 Carsen Court Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Carroll

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Spring Hill Ind

10. NAME OF FATHER John Carroll

BIRTHPLACE (city or town) (State or country) Ireland

12. MAIDEN NAME OF MOTHER Mary Lizzie Carroll

BIRTHPLACE (city or town) (State or country) Md

13. INFORMANT Mrs Elizabeth Carroll

(Address) 1106 Carsen Court.

14. BURIAL, CREMATION, OR REMOVAL

Place National Date 11/22 1938

15. UNDERTAKER Thomas E Kelsey

(Address) 1303 Pennsylvania Ave

FILED 1938 Huntington Williams Dep. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of Heart	Nov 19 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11-19 1938

Where did injury occur? 1106 Carsen Court Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Was struck over head with

Nature of injury ice pick

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 50 [illegible]

2195 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52195

CERTIFICATE OF DEATH

34-92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 2 S. Linwood Ave. St., 9-6 Ward)

(b) If of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

FULL NAME Frederick Lewis Schwartz

(a) Residence: No. 1816 E. 32nd St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

(If married, widowed, or divorced) WIFE of Ida May Schwartz

DATE OF BIRTH (month, day, year) Dec. 25, 1878

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	10	24 ??	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME John Schwartz

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Louisa Ehrman

BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Ida May Schwartz
(Address) 1816 E. 32nd St.

BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemt. Date Nov. 21, 1938

UNDERTAKER George W. Gibbler
(Address) 1737 E. Eager St.

FILED Nov 21 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Nov. 18, 1938. I last saw him alive on Nov. 18, 1938. Death is said to have occurred on the date stated above, at 10.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Meningo Encephalitis	Sept 9
Other contributory causes of importance: Chronic Vascular Heart Disease with failure.	

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) James E. White, M. D.

(Address) 5244 Harford Road

1938

P 1265-9

196 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52196

CERTIFICATE OF DEATH 46-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 15 So. Schroeder St., 18-3 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Maggie Barnett Freeland

(a) Residence: No. 15 So Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

married, widowed, or divorced
(HUSBAND of ... WIFE of) William Freeland

E OF BIRTH (month, day, year) Feb 14 1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc housekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc own home

Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) West River, Calvert Co. Md.

NAME Henry Barnett

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MAIDEN NAME Mary (unknown)

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FORMANT Howard Vernon Freeland

Address 15 So Schroeder.

RIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 22, 1938

DERTAKER Mrs Katie R. Williams

Address 522 N. Schroeder St

Huntington Fidelity, Inc.

LED Registrar

1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938 to November 18, 1938

I last saw h alive on November 18, 1938 Death is said to have occurred on the date stated above, at 11.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	12/1937
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? By Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Baird M. D.

(Address) 400 N. Carrollton Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52197

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH St Agnes Hospital Catonsville (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Wilkens and Caton Ave St. [illegible] Ward)

of residence in city or town where death occurred 3 yrs. 3 mos. 5 da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

ULL NAME Mrs Barbara Hunter Fred

n) Residence: No. ..... Emmitsburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Widowed

arried, widowed, or divorced
SBAND of
) WIFE of

E OF BIRTH (month, day, year) 1852

Years	Months	Days	If LESS than 1 day, hrs. or min.
86			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) State or country) Germany

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

ORMANT Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL Emmitsburg Md Date Nov 21 1938

DERTAKER S & C Lawrence Bros
Address) 124 W Patrick St Frederick Md

ED [illegible] 19

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1935. to November 21, 1938.

I last saw h e v alive on November 21, 1938. Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles V Sense M. D.

(Address) St Agnes Hosp

52198 HEALTH DEPARTMENT—CITY OF BALTIMORE 52198

CERTIFICATE OF DEATH

37525 (1938) 95-3

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

ULL NAME Henry Williams

a) Residence: No. 424 Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	Colored	Married

arried, widowed, or divorced
USBAND of Mattie
) WIFE of

E OF BIRTH (month, day, year) March ? 1887

Years	Months	Days	If LESS than 1 day, hrs. or min.
? 51 ?	9		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. longshoreman ?

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Va.
State or country)

NAME Frank (d)

BIRTHPLACE (city or town) Va.
(State or country)

MAIDEN NAME Frances Thornton

BIRTHPLACE (city or town) Va.
(State or country)

ORMANT City Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL
lace Mt. Auburn cem. Date Nov 23 38

DERTAKER T. G. Kehoe
Address) 1303 Pennsylvania Ave

ED 19 Huntington Ave Registrar

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from September 29. 1938. to November 19. 1938

I last saw him alive on November 19. 1938. Death is said to have occurred on the date stated above, at 11:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1933
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Sautelle M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52199

2199

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) John Hopkins Hospital (Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

FULL NAME John K Briggs

(a) Residence: No. 1628 Mullen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

married, widowed, or divorced) HUSBAND of (or) WIFE of Catherine B Briggs

TE OF BIRTH (month, day, year) Feb 8-1892

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
(6)	46	9	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housedane

Industry or business in which work was done, as silk mill, saw mill, bank, etc. d°

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Va

NAME Saml Briggs

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Virginia Martin

BIRTHPLACE (city or town) (State or country) Va

FORMANT Mrs Catherine Briggs

(Address) 1628 Mullen St

URIAL, CREMATION, OR REMOVAL

Place, National Cemetery Date Nov 21st 1938

NDERTAKER Archibald Gardiner

(Address) 2107 McCulloh St.

Livingston Williams, Mgr.

LED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described ... last ... thereon and ... the evidence ... (Inquest, Autopsy or Inquiry) ... his ... (Inquest, Autopsy or Inquiry) ... that said deceased came ... death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Chronic Myocarditis	about Sept 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo B Allen M. D.

(Address) 5 E Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52200 — 79-a — F 52200

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Lying-in Hospital St. 12-5 Ward)

h of residence in city or town where death occurred 1 yrs. 5 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

ULL NAME Herbert Mitchell

(a) Residence: No. 210 E. Federal St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
USBAND of
e) WIFE of

E OF BIRTH (month, day, year) June 9 - 1937

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	6	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Howard Mitchell

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MAIDEN NAME Nellie Allyn

BIRTHPLACE (city or town) (State or country) Salisbury Maryland

FORMANT Mother
Address) 210 E. Federal St.

RIAL, CREMATION, OR REMOVAL
Place Douglas Date Nov 24 1938

DERTAKER Adolph Kalter
Address) 210 E. Federal St.

ED 21 1078 St. Eaton Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938 to November 18, 1938

I last saw h. ... alive on November 18, 1938. Death is said to have occurred on the date stated above, at 5P A. ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Myron S. Fuller, M. D.

(Address) Lying-in

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 52201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Balto. City Hospitals St., 9-E Ward)

of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Bessie Bonnett

(a) Residence: No. 735 E. 23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

Married, widowed, or divorced
HUSBAND of
or) WIFE of James L. Barnett

DATE OF BIRTH (month, day, year) 1/9/1891

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Y.

NAME John Wilbur DePew

BIRTHPLACE (city or town) (State or country) N.Y.

MAIDEN NAME Sarah Ida Dirkey

BIRTHPLACE (city or town) (State or country) N.Y.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Hill Crest Cem. Place Nyack N.Y. Date Nov 22nd 1938

UNDERTAKER Wm Cook
(Address) 217 St. Paul St

FILED 21 1938 Huntington Williams, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20/38

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1938 to November 20, 1938

I last saw her alive on November 20 1938 Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. G. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

52202 — 94-B F 52202

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH Church Home & Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No.) North Broadway St., East (Ward)

of residence in city or town where death occurred 71 yrs. 2 mos. 0 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Anna Willis

(a) Residence: No. 1604 N. Chester St., E Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

(If married, widowed, or divorced) HUSBAND of (or) WIFE of William F. Willis

DATE OF BIRTH (month, day, year) Sept 20 1867

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	~~28~~	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME Alexander Cunnacchter

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT William Willis (son)

Address) 2608 Wendover Rd

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 11-23-38 19

UNDERTAKER Alberta Little Hunt

Address) 1606 N. Chester St

Huntington Williams, Mgr.

FEB 21 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Nov 20, 1938.

I last saw her alive on Nov 17, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary heart disease	7 wks
Bronchopneumonia	3 days

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Ketz, M. D.

(Address) Church Home & Inf

HEALTH DEPARTMENT—CITY OF BALTIMORE

203 F 52203

CERTIFICATE OF DEATH

50

LACE OF DEATH

OF BALTIMORE: (No. 234 S. CONKLING St. 26-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME ANNE M. KRESSLEIN

If U. S. Veteran specify WAR

n) Residence: No. 234. S. CONKLING St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
'ALE	WHITE	SINGLE

arried, widowed, or divorced
SBAND of
WIFE of

E OF BIRTH (month, day, year) APR. 8/ 1807

Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	10	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BEAUTY SHOP. OPERATOR.

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) BALTO. MD.

NAME JOHN L. KRESSLEIN

BIRTHPLACE (city or town) (State or country) GERMANY

MAIDEN NAME MARY THANNER

BIRTHPLACE (city or town) (State or country) GERMANY

ORMANT MRS. MARY KRESSLEI. (MOTHER
Address) 234. S. CONKLIN ST

IAL, CREMATION, OR REMOVAL
SACRED HEART Date NOV. 22/ 38

DERTAKER Lilly & Feiler Inc.
Address) 40 S. WOLFE ST.

ED
21 1938

Huntington Williams M.D.
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14 1938 to Nov 18 1938

I last saw h alive on Nov 18 1938 Death is said to have occurred on the date stated above, at 11/ am

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset

(Other contributory causes of importance) Metastasis to Lungs — July 1/ 1938

Was an operation performed? Yes Date of

For what disease or injury, Carcinoma of Breast

Name of operation Mastectomy Breast

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams M. D.

(Address) 3136 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52204

160-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. The Johns Hopkins Hospital St. 1825 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Baby Taylor

(a) Residence: No. Bel Air; Harford County, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

7. DATE OF BIRTH (month, day, year) November 11, 1938

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		1 day: 14½ hrs	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Larrel

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Virginia Elizabeth Taylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Date

Place

19. UNDERTAKER
(Address)

19 Registrar.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1938, to November 13, 1938.

I last saw him alive on November 13, 1938. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Intracranial Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Caroline Jackson, M. D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE 52205

CERTIFICATE OF DEATH X 160-B

205

PLACE OF DEATH

OF BALTIMORE: (No.) The Johns Hopkins Hospital St. B-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Baby Dykes

(a) Residence: No. Snow Hill, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

(Married, widowed, or divorced) HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) November 15, 1938

Years	Months	Days	If LESS than 1 day, hrs. or min.
			9

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Austin Thomas Dykes

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Emma McGrath

BIRTHPLACE (city or town) (State or country) Maryland

INTERMENT ...
(Address)

BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School Date NOV 21 1938

Place Commissioner of Health

UNDERTAKER ...
(Address)

FILED Huntington Williams, Registrar

1938 C 4440

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1938, to November 15, 1938.

I last saw him alive on November 15, 1938. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Intracranial Hemorrhage	
	none

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Caroline Jackson, M. D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52206

CERTIFICATE OF DEATH

95-BF 52206

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Warrington Apts St. 12-1 Ward) 3908 N Charles St

n of residence in city or town where death occurred 79 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME LIZZIE WOOLLEN HAMBLETON OBER

If U. S. Veteran specify WAR

(a) Residence: No. 3908 N. CHARLES St., Warrington Apts Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
WHITE	~~MARRIED~~ WIDOWED

narried, widowed, or divorced
USHAND of
r) WIFE of GUSTAVUS OBER

E OF BIRTH (month, day, year) Sept 16 1859

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) BALTIMORE Md
(State or country)

NAME JOHN A. HAMBLETON

BIRTHPLACE (city or town) BALTIMORE Md
(State or country)

MAIDEN NAME LIZZIE WOOLLEN

BIRTHPLACE (city or town) MARYLAND
(State or country)

FORMANT WOODBURY S. OBER
Address) Warrington Apts

RIAL, CREMATION, OR REMOVAL

Place Green Mount Date NOV 22 1938

DERTAKER Henry W. Kerkenpas Inc
Address) McCulloh & Eutaw

V 21 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1938 to 11-20 1938

I last saw her alive on 11-19 1938 Death is said to have occurred on the date stated above, at 5.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC HEART DISEASE	1937
Other contributory causes of importance: PULMONARY INFARCT	11-10-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Sonney M. D.

(Address) 1129 ST. PAUL STREET

2207 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52207

CERTIFICATE OF DEATH

18-1

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

h of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Frances M. Williams

(a) Residence: No. 222 N. Amity St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced
USBAND of (or) WIFE of Thomas Williams

TE OF BIRTH (month, day, year) 3/7/1900

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	8	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 10/1/1938

11. Total time (years) spent in this occupation 15yrs.

RTHPLACE (city or town) (State or country) Va.

NAME ? Martin

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Lena ?

BIRTHPLACE (city or town) (State or country) Va.

FORMANT (Address) City Hospital Records

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Nov 22 1938

NDERTAKER (Address) Charles S. Cooper 5 Y. & Calhoun St.

ED 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1938 to November 18, 1938

I last saw her alive on November 18, 1938. Death is said to have occurred on the date stated above, at 1 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occulusion	Oct. 1938
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) W. A. DeSautelle, M. D.

(Address) Balto City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

52208

CERTIFICATE OF DEATH

93-4F 52208

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 1407 Edmondson Ave. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 6 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Louie Hobday

a) Residence: No. 1407 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Widowed

narried, widowed, or divorced) SBAND of WIFE of Charles Hobday

E OF BIRTH (month, day, year) - - 1881

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	?	?	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or State or country) Gloucester Co Va

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT (Address) Aubrey Hobday 1407 Edmondson Ave

RIAL, CREMATION, OR REMOVAL

Place Circuit Road State

DERTAKER (Address) Mrs Francis A. Hemsley 525 N. Bradley St

ED Whitney Funeral Home per

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1938 to Nov 20, 1938

I last saw her alive on Nov 18, 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr Myocarditis	

Other contributory causes of importance:

Cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Howell M. D.

(Address) 601 N Carrollton Ave

Saunders

HEALTH DEPARTMENT—CITY OF BALTIMORE

(09) 52209

CERTIFICATE OF DEATH

48

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Asylum Baltimore Co. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs. Jennetta Saunders

(a) Residence: No. Point Pleasant, N.J. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

(If married, widowed, or divorced) (HUSBAND of) (or) WIFE of Edward Saunders

DATE OF BIRTH (month, day, year) Jan. 18- 1872

6. Years	Months	Days	If LESS than 1 day hrs. or min.
66	10	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New Jersey

NAME Dana Riddle

BIRTHPLACE (city or town) (State or country) N. Jersey

MAIDEN NAME Susan Thomas

BIRTHPLACE (city or town) (State or country) N. Jersey

INFORMANT Allen Von Hise

(Address) Point Pleasant Beach

BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Middletown N.Y. Date Nov 25 1938

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 1938 Huntington Millwood, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1938, to November 21, 1938.

I last saw her alive on November 21, 1938. Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix with metastasis to bladder — Date of onset unknown

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arnold H. Eckert, M. D.

(Address)

✓ F 52210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-C

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St Agnes Hosp St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Emma E King

(a) Residence: No. 86 Carroll Ave Halethorpe Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	30 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Thomas E Deems

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Sarah E. Sapp

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Deems

(Address) Washington D C.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pk. Date 11/22/38

19. UNDERTAKER Harry H Wilkes

(Address) 4101 Edmondson Ave

20. FILED 19 Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degeneration Myocarditis.	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. J. Hamma M. D.

(Address) 1822 W Baltimore Ground Fl

HEALTH DEPARTMENT—CITY OF BALTIMORE

52211

CERTIFICATE OF DEATH

13 F 52211

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1201 Druid Hill Av 11-4 Ward)

Length of residence in city or town where death occurred 1 yrs 6 mos ds. How long in U. S. If of foreign birth? yrs mos ds.

FULL NAME Charles H. Fowler III.

If U. S. Veteran specify WAR

(a) Residence: No. 1201 Druid Hill Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

(If married, widowed, or divorced) WIFE/HUSBAND of Mrs Addie Fowler

DATE OF BIRTH (month, day, year) May 2 1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. physician

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs Addie Fowler

(Address) 1201 Druid Hill Av

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 22. 1938

UNDERTAKER Sam'l. H. Chase & Son

(Address) 628. N. Gilmor

Nov 21 1938 19 Huntington Hilliard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1938 to 11-18, 1938

I last saw him alive on 11-18, 1938 Death is said to have occurred on the date stated above, at 8:20 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	?
Other contributory causes of importance: chronic nephritis (interstitial) arterio-sclerosis	? ?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Raymond Thorning M. D.

(Address) 1500 E. Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52212

CERTIFICATE OF DEATH

× 133-108 F 52212

Registered No.

PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. St. Ward)

(a) Residence: No. Bel Air, Md. St., Ward (If non-resident give city or town and State)

(Usual place of abode)

th of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Raymond Hanson McAbee

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

Married, widowed, or divorced HUSBAND of WIFE of Julia H. McAbee.

DATE OF BIRTH (month, day, year) September 8, 1887

6. Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Bel Air Maryland

NAME James McAbee

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Emma Cole

BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Julia McAbee

(Address) Bel Air Md

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 22, 1938

UNDERTAKER Dean & Foster

(Address) Bel Air Md

NOV 21 1938 Huntington Williams, Supt. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1938, to November 21, 1938.

I last saw him alive on Nov. 21st, 1938. Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - R.U. base	11-18-38
Bilateral Polycystic Kidneys	Birth
Hypertension	5 yrs
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-17-38

For what disease or injury? Hypertension

Name of operation Puncture of cysts of R.U. Kidney

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Douglas H. Wood M. D.

(Address) Union Memorial Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

52213

CERTIFICATE OF DEATH

92-F 52213

PLACE OF DEATH Balto. City Hospitals Registered No. 672

OF BALTIMORE: (No. Bay View St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Charles (or John Tsivoyetanckas) U. S. Veteran specify WAR

(a) Residence: No. 203 S. Hanley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of ~~WIFE of~~ Catherine Tsivoyetanckas

6. DATE OF BIRTH (month, day, year) May 10-1888

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) New York City

10. NAME OF FATHER John Tsivoyetanckas

11. BIRTHPLACE (city or town) (State or country) New York City

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE (city or town) (State or country) Not Known

14. INFORMANT Catherine Tsivoyetanckas
Address) 203 S. Hanley St.

15. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Nov. 22 1938

16. UNDERTAKER Frank Grach & Son
(Address) 1906 Ashland Ave.

Nov 21 1938 Huntington Williams, Nov.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1938

22. I HEREBY CERTIFY, That, I last (Personally or by Inquiry) saw the remains described above, held an (Inquest or Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) certified to said death as follows: and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	days
Coronary Attack	2 Month
Other contributory causes of importance: Valvular Heart disease	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. E. Wood, M. D.
Coroner

(Address) 172 W. Pratt St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2214

CERTIFICATE OF DEATH

81 F 52214

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 3142 Keswick Rd St., 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joshua R. Standiford

If U. S. Veteran specify WAR

(a) Residence: No. 3142 Keswick Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced HUSBAND of or WIFE of Mary E Standiford

TE OF BIRTH (month, day, year) Jan 2-1859

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement form Setter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 083

Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Co Md

NAME Vincent Standiford

BIRTHPLACE (city or town) (State or country) unknown

MAIDEN NAME Charity Gosnell

BIRTHPLACE (city or town) (State or country) unknown

FORMER Mrs Daisy M Robinson

(Address) 3142 Keswick Rd

RIAL, CREMATION, OR REMOVAL Mt Line Balto Co. Date Nov 22 38

NDERTAKER Frankland H Seay

(Address) 614 N Eutaw St

Huntington Williams, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Nov 20, 1938

I last saw him alive on Nov 14, 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar paralysis a/c Arteriosclerosis generalized	Nov 37
Other contributory causes of importance: Myocardial insufficiency	Nov

Was an operation performed? Date of

For what disease?

Name of surgeon

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) , M. D.

(Address) 0429 Chanton St

HEALTH DEPARTMENT—CITY OF BALTIMORE

52215 F 52215

CERTIFICATE OF DEATH

93-a

PLACE OF DEATH West Baltimore General — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. — St. 20-3 Ward)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Joseph Fefel

(a) Residence: No. 1931 Christian St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	W

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fefel

DATE OF BIRTH (month, day, year) 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. all

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME OF FATHER John Fefel

BIRTHPLACE (city or town) (State or country) Baltimore

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs H. Barnett (Sister)

(Address) 1931 Christian St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11-22 1938

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

DATE 11-21 1938 Huntington Williams, Dpty

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 11 55 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
and	
Prostatitis.	
Other contributory causes of importance:	
Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 216 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52216

CERTIFICATE OF DEATH

94-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3018 N. Guilford Ave St., 1 Ward)

h of residence in city or town where death occurred 78 yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME Margaret Ann Barry

If U. S. Veteran specify WAR

(a) Residence: No. 3018 N. Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

married, widowed, or ~~divorced~~
(e) WIFE of John P. Barry

E OF BIRTH (month, day, year) May 25 1860

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	26	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Md

NAME Patrick Kane

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Bridget Coleman

BIRTHPLACE (city or town) (State or country) Ireland

OEMANT Martin Barry

Address) 3018 N. Guilford Ave

RIAL, CREMATION, OR REMOVAL

Date Nov. 22, 1938

DERTAKER John A. Horan

Address) 300 E. Balto St

ED NOV 22 1938 H. Eugene Tilbutt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-12-, 1938 to Nov 19, 1938

I last saw h alive on Nov 19, 1938. Death is said to have occurred on the date stated above, at 6P a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostasis,	
Coronary occlusion	
Cardiac Hypertrophy	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. J. Dwyer, M. D.

(Address) Med Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 52217

CERTIFICATE OF DEATH

V 175

PLACE OF DEATH Dear 3267 Park Heights 57-17 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3267 Park Heights) Ward

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Dorsey If U. S. Veteran specify WAR No Record

(a) Residence: No. 3026 Garrison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) Sept 25th 1883

E Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 3040

Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

Date deceased last worked at this occupation (month and year) 11/7/38 11. Total time (years) spent in this occupation 30

IRTHPLACE (city or town) (State or country) Balto Md.

NAME Michael V. Dorsey

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Bessie C. Kayne

BIRTHPLACE (city or town) (State or country) Balto. Md

FORMANT Bessie Dorsey

(Address) 3026 W. Garrison Ave

URIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 23rd 1938

NDERTAKER Wm Cook

(Address) 1217 St Paul St

LED Huntington Williams, 1938

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Injury

Sic

The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism

Date of onset

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John N Crans M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52218

CERTIFICATE OF DEATH

218 — 81

Registered No. .....

PLACE OF DEATH: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1000 Eaton Ave. St. 25-1 Ward)

th of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Raymond Peirson

(a) Residence: No. 125 Newburg Ave. St., Catonsville, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Dec 28th 1891

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 6060

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

RTHPLACE (city or town) Balto., Md.
(State or country)

NAME Harry Wilson Peirson

BIRTHPLACE (city or town) Me.
(State or country)

MAIDEN NAME Imogene Cursler

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT Jenkins Memorial Hosp.
(Address) 1000 Eaton Avenue

RIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 23rd 1938

DERTAKER Wm Cook
(Address) 1217 St. Paul St

LED Huntington Williamson, Mgr

NOV 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1938, to November 21, 1938. I last saw him alive on November 21, 1938. Death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Fredrick's Ataxia.	
Other contributory causes of importance: Respiratory failure	11-21-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) Joseph F. Wiese Jr. M. D.

(Address) Jenkins Memorial Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52219

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH St. Agnes Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Wilkens + Catalpa ave St. 20-4 Ward)

of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

ULL NAME John F. Bafford

) Residence: No. 2511 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

~~married~~ widowed, ~~or divorced~~
SBAND of
~~WIFE of~~ Emily S. Bafford

E OF BIRTH (month, day, year) Sept 21st

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	0	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer yard

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

ate deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation 17

THPLACE (city or town) (State or country) Calvert Co Maryland

NAME John A. Bafford

BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MAIDEN NAME Elizabeth — Unknown

BIRTHPLACE (city or town) (State or country) Calvert Co Md.

ORMANT Norman F. Bafford

Address) 2511 W. Lombard St

RIAL, CREMATION, OR REMOVAL

ce Western Date Nov 23rd 1938

DERTAKER Wm Cook

Address) 1217 St. Paul St

ED Huntingtown Williams, Md

2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1938 to Nov 21 1938

I last saw him alive on Nov 20 1938 Death is said to have occurred on the date stated above, at 4 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (cerebral)	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles N. Leary M. D.

(Address) St Agnes Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52220

52

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 1423 Cookcie St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Lydia Francis Ballwanz

a) Residence: No. 1423 Cookcie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
ale	White	Married

married, ~~widowed, or divorced~~
(c) WIFE of Anton W. Ballwanz

E OF BIRTH (month, day, year) July 22nd 1910

Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

THPLACE (city or town) Balto
(State or country) Md

NAME Robert Parker

BIRTHPLACE (city or town) Balto
(State or country) Md

MAIDEN NAME Mary E. Hoffman

BIRTHPLACE (city or town) Balto
(State or country) Md

FORMANT Anton W. Ballwanz
(Address) 1423 Cookcie St.

RIAL, CREMATION, OR REMOVAL

lace Mt Olivet Date Nov 23rd 1938

DERTAKER Wm Cook
(Address) 1217 St Paul St

ED 19 [illegible] Registrar

2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 38, to Nov. 18, 1938

I last saw h~~er~~ alive on Nov. 18 1938. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hemangioma with metastases	June 38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Kolm, M. D.

(Address) 102 E Fort Ave

2221 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52221

CERTIFICATE OF DEATH

72-a

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

OF BALTIMORE: (No. St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 19 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Paul Franklin Insley If U. S. Veteran specify WAR WW

(a) Residence: No. 3017 Christopher Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

Married, widowed, or divorced HUSBAND of (or) WIFE of Bethel Creme

DATE OF BIRTH (month, day, year) July 18, 1893

Years	Months	Days	If LESS than 1 day hrs. or min.
45	4	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 62

Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Service

Date deceased last worked at this occupation (month and year) Oct. 1938 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bivalve Maryland

NAME Willis T. Insley

BIRTHPLACE (city or town) (State or country) Bivalve Maryland

MAIDEN NAME Christianna Willing

BIRTHPLACE (city or town) (State or country) Bivalve Maryland

INTERMENT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL
Where London Park Date Nov 23rd 1938

UNDERTAKER Wm Cook
(Address) 217 E. Paul St

FILED 19 (Signature) Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938 to November 21, 1938

I last saw him alive on November 21, 1938 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia, myelogenous, acute	Oct. '38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. M. H. A. Dunn. M. D.

(Address) U.S. Marine Hospital

GPG

2222 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52222

CERTIFICATE OF DEATH 523

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 327 N. Bond St. H-W Ward)

(b) If of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Charles Lamphilipio

(a) Residence: No. 327 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) aug 18 1905

Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) —

9. Total time (years) spent in this occupation —

10. BIRTHPLACE (city or town) (State or country) Baltimore

NAME Michael Lamphilipio

11. BIRTHPLACE (city or town) (State or country) Italy

MAIDEN NAME Josephine Lamphilipio

12. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Josephine Lamphilipio
(Address) 327 N. Bond St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 22 1938

UNDERTAKER Albert W. Dungan
(Address) 440 E North Ave

FILED Nov 23 1938 Huntington Pollard, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-15-1938 to 11-18 1938

I last saw him alive on 11-18 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Uncertain History of T.B.	18 mo.
Other contributory causes of importance: T.B. Pulmonary - Tuberculosis pulmonary Hemorrhage	1 mo.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Drennan M. D.

(Address) Medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 52223

CERTIFICATE OF DEATH

93-C

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No.) 2629 Hudson St. (Ward) 1-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Peter Matecki

(a) Residence: No. 2627 Hudson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widower

Married, widowed or divorced

(a) HUSBAND of (b) WIFE of Josephine Matecki Deceased

DATE OF BIRTH (month, day, year) 1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

NAME Martin Matecki

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Not Known

BIRTHPLACE (city or town) (State or country) Poland

INFORMANT George Matecki

Address 2629 Hudson St

BURIAL, CREMATION, OR REMOVAL St. Stanislaus Date 11/23 1938

UNDERTAKER John J. Pruda

Address 2829 Huntington Ave

FILED 19 Registrar.

NOV 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30. 1938 to Nov 19 1938

I last saw h alive on Nov. 19 1938 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance: Terminal Asthma	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. S. Patterson M. D.

1938 (Address) 432 E. Patterson Pk Ave

2221 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52221

CERTIFICATE OF DEATH 35a

PLACE OF DEATH Balto. City Hospitals Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 22-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Steward Jones

(a) Residence: No. 505 Wilcox Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 10-93

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ball Player

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME OF FATHER James Jones

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME OF MOTHER Ida Brown

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT James Jones Brother

(Address) 505 Wilcox Alley

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 24. 1938

UNDERTAKER Harold Bronson

(Address) 1018 Montgomery St

FILED 19 Registrar

NOV 2 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

Attached by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	June
Urinary Retention	
Gangrene Scrotum & Genitals	
	Nov

Other contributory causes of importance:

Was an operation performed? Yes. Date of Nov. 15-38

For what disease or injury? Gangrene

Name of operation Orchiotomy Date of Nov 17

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 E. Monument

2225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 210-M

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. John Hopkins Hospital St. 7-2 Ward)

th of residence in city or town where death occurred 56 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

FULL NAME Philip Rabenau

(a) Residence: No. 900 N. Milton Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widowed

married, widowed, or divorced
RUSBAND of
or) WIFE of Lena Rabenau

TE OF BIRTH (month, day, year) Aug. 7, 1865

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	13 14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Germany

NAME John Rabenau

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Mary Diering

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Marie Rabenau

(Address) 900 N. Milton Av.

RIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 23 19 38

NDERTAKER John Ellerick & Bros

(Address)

LED 19 Registrar

V 22 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Nov 20, 1938 Date of injury 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Monument & Broodway, struck by Auto Crossing St.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Schulz M. D.
Coroner

(Address) 2357 Wilson

HEALTH DEPARTMENT—CITY OF BALTIMORE 52226

CERTIFICATE OF DEATH

Registered No. 97 32226 I

PLACE OF DEATH Hebrew Home for Aged & Infirm (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-17 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. if of foreign birth 52 yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Mr Louis Zandell

(a) Residence: No. Belvedere & Greenspring Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	

Married, widowed, or divorced (HUSBAND of / WIFE of): Widower

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Jeptor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Russia

NAME: Unknown

BIRTHPLACE (city or town) (State or country): Russia

MAIDEN NAME: Unknown

BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Sig. Trenbalt
(Address)

BURIAL, CREMATION, OR REMOVAL: 11-22-38
Date 19

UNDERTAKER: [illegible] Funeral Home
Address: 1739 E. Baltimore St.

NOV 22 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1936, to 11-22, 1938.

I last saw him alive on 8-21, 1938. Death is said to have occurred on the date stated above, at 3.17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) H Edmund Kevin, M. D.

(Address) Levindale

2227

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 52227

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH Bacts. City Hospital

Registered No. 1517

Y OF BALTIMORE: (No. Bay View St., 4 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Nash DeMines

If U. S. Veteran specify WAR

(a) Residence: No. 613 E. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	Colored	Widowed

married, widowed or divorced
HUSBAND of
WIFE of Percy R. DeMines

TE OF BIRTH (month, day, year) 1890

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Maryland

NAME Henry Nash

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Ella ?

BIRTHPLACE (city or town) (State or country) Md.

FORMANT John W. Johnson Funeral
(Address) 1700 Druid Hill Ave.

RIAL, CREMATION, OR REMOVAL
Mt. Auburn Cem. Date 11-23-38

NDERTAKER John W. Johnson
(Address) 1700 Druid Hill Ave

1938 Huntington Philips, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Some time
Chronic Nephritis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. E. O. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

41 67
52228 HEALTH DEPARTMENT—CITY OF BALTIMORE 52228

CERTIFICATE OF DEATH

v 59

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

OF BALTIMORE: (No. 12-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Lillian Trusthey

(a) Residence: No. 418-W-23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

Married, widowed, or divorced
(HUSBAND of / WIFE of) Thomas

DATE OF BIRTH (month, day, year) 7/19/98

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

FATHER'S NAME Chas. Brown

FATHER'S BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Rebecca Edwards

MOTHER'S BIRTHPLACE (city or town) (State or country) Md.

INFORMANT JOHNS HOPKINS HOSPITAL Friends
(Address)

BURIAL, CREMATION, OR REMOVAL Dan'l Hodges Date 11/22/38

UNDERTAKER Joseph Fanlenz

Address Sutton & Laporte

FILED 11/22 1938 Clerk from Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1938 to Nov. 19, 1938

I last saw her alive on Nov. 19, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus - terminal	1936
Coma & Acidosis	
? Terminal Pneumonia (Broncho-)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urine & Blood Studies Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Roger B. Scott M. D.

(Address) Johns Hopkins Hospital

(229) HEALTH DEPARTMENT—CITY OF BALTIMORE C 52229

CERTIFICATE OF DEATH V 172-a

PLACE OF DEATH South Baltimore Gen. Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. 24-3 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Mr. Edward F. Hay

(a) Residence: No. 525 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
USBAND of
) WIFE of Mary Williams Hay

E OF BIRTH (month, day, year) Feb. 9. 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
Industry or business in which work was done, as silk mill, saw mill, bank, etc. V. & C. Chemical Co
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town, State or country) Richmond, Va

NAME Patrick Hay Va

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Mont Knowe Va

BIRTHPLACE (city or town) (State or country)

ORMANT Mrs. Hay 525 E Clement
Address)

RIAL, CREMATION, OR REMOVAL Holy Cross Cem Date Nov. 25 38

DERTAKER Margaret A. Flynn
Address) 1422 Light St.

ED Nov. 25 1938 Registrar

2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Nov. 22, 1938

I last saw h. alive on Nov. 22, 1938 Death is said to have occurred on the date stated above, at 7 05 A.m.

The principal cause of death and related causes of importance were as follows:
Perforation of Ileum — Date of onset Nov. 19 1938

Other contributory causes of importance:
Generalized Peritonitis

Was an operation performed? yes Date Nov. 20, 1938
For what disease or injury? Strangulated Hernia
Name of operation Repair of Ileum & Inguinal Hernia
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Samuel L. Fox M. D.
(Signed)
(Address) Balto Gen Hosp

230 Katherine Gehrmann E 52230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

PLACE OF DEATH

OF BALTIMORE: (No. 2 Saint Paul St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Mrs Katherine Gehrmann

(a) Residence: No. 720 E Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widow

Married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm C. Gehrmann

DATE OF BIRTH (month, day, year) 10/4/1875

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63	1	8	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home Odd

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME OF FATHER Bohnet

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER ?

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT August Gehrmann
(Address) 1400 E. Lanvale St

BURIAL, CREMATION, OR REMOVAL
Where St. Matthews Cem Date 11/23/38 19

UNDERTAKER Geo. Wirth & Son
(Address) 26 W. Eight St

Huntington Millington, Dept

NOV 22 1938

GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1938 to November 22, 1938

I last saw h... alive on November 22, 1938 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	

Other contributory causes of importance:

Edema Larynx

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Lungot M. D.

(Address) St. Joseph's Hosp.

231 D 52231

HEALTH DEPARTMENT—CITY OF BALTIMORE

38710

CERTIFICATE OF DEATH

343-91-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

h of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

ULL NAME George Parker

(a) Residence: No. 145 N. High St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	colored	single

arried, widowed, or divorced
USBAND of
) WIFE of

E OF BIRTH (month, day, year) 12-25-1897

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	10	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) U. S.

NAME David Parker

BIRTHPLACE (city or town) (State or country) U. S.

MAIDEN NAME Lou Vince

BIRTHPLACE (city or town) (State or country) U. S.

ORMANT hospitals records
(Address)

RIAL, CREMATION, OR REMOVAL

Date Nov 22. 1938

DERTAKER W. E. Jackson
(Address) 916 Pennsylvania Ave

Nov 22 1938 W. E. Jackson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13 1938

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1938 to November 13, 1938

I last saw him alive on November 13, 1938. Death is said to have occurred on the date stated above, at 1142 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Aug 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. C. DeSautelle M. D.

(Address) Baltimore City Hospitals

32 HEALTH DEPARTMENT—CITY OF BALTIMORE 52232

46-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
(a) OF BALTIMORE: (No.) 3211. Moravia ave St. 27 (Ward)
(b) If outside city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(c) USUAL RESIDENCE of deceased (Street and No.) Frances E. Boston
(d) FULL NAME .....
(e) Residence: No. 3211. Moravia ave St. 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)
If U. S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

(If married, widowed, or divorced)
HUSBAND of or WIFE of Henry C. Boston

DATE OF BIRTH (month, day, year) Sept 12 - 1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	8.	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) (State or country) Baltimore Md.
NAME OF FATHER William Nelson
BIRTHPLACE (city or town) (State or country) Balto Md
MAIDEN NAME OF MOTHER Frances Ayers.
BIRTHPLACE (city or town) (State or country) Balto md
INFORMANT George Boston (SON)
(Address) 3211 Moravia Ave
BURIAL, CREMATION, OR REMOVAL Mt Olivet Date Nov 23 1938
UNDERTAKER Lilly & Zeller Inc
(Address) 402 So Arlington Williams Lilly

Nov 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20. 1938
22. I HEREBY CERTIFY, That I attended deceased from October 19th 1938 to Nov 20th 1938
I last saw her alive on November 19th 1938. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Duodenum	
Other contributory causes of importance: General Metastasis	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bernard J. Grimes, M. D.
(Address) 1900 Eastern Ave.

233 HEALTH DEPARTMENT—CITY OF BALTIMORE 52233

CERTIFICATE OF DEATH 124-B

PLACE OF DEATH

Registered No.

OF BALTIMORE: (No. University Hospital 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Plitt Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 1030 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male white	Widower

Married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Katherine Plitt

DATE OF BIRTH (month, day, year) April 7th 1875

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. M14

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER'S NAME August Plitt

FATHER'S BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S MAIDEN NAME Minnie H. Hennigan

MOTHER'S BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Joseph Plitt Jr.
(Address) 6102 Sefton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Ft. Olivet cem. Date Nov 23rd 1938

UNDERTAKER E. Schlosnagle Son
(Address) 1037 Hanover St.

FILED 1938 Williard Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938 to Nov 21, 1938

I last saw him alive on Nov. 21, 1938 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LAENNEC'S CIRRHOSIS OF LIVER	?

Other contributory causes of importance:

ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	?
BRONCHOPNEUMONIA	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leonard Rennie, M. D.
(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52231

CERTIFICATE OF DEATH

F 52231
Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Maryland General Hospital Ward) 11-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 60 mos. ds. How long in U. S. If of foreign birth? 59 yrs. mos. ds.

FULL NAME ROSINA FINK

If U. S. Veteran (specify WAR) - -

(a) Residence: No. 22 Homehurst Ave (Catonsville) Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of ---------

TE OF BIRTH (month, day, year) June 24, 1859

E Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-keeper

Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

RTHPLACE (city or town) (State or country) Germany

NAME John Fink

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Elizabeth Kohler

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mr. J. George Fink
(Address) 22 Homehurst Ave. Catonsv.

URIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 23-38

NDERTAKER Huntington Williams, Inc.
(Address) 1 E. Fayette St.

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21-38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and (saw the evidence obtained by said (Inquest, Autopsy or Inquiry)) that said deceased came death on the day stated above. 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Right Hemiplegia	
Myocardial Degeneration	
Hypostatic Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 17, 1938.

Where did injury occur? Belmont Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell off Chair.

Nature of injury Broken Hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Ham, M. D.
Coroner

(Address) 210 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-cF 52235

52235

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 503 S. Paca Street St., 22 Ward)

of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR --

ULL NAME ROSA REICKERT

a) Residence: No. 503 S. Paca Street St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

arried, widowed, or divorced
USBAND of
) WIFE of ---

E OF BIRTH (month, day, year) Dec. 8, 1868

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	11	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

dustry or business in which work was done, as silk mill, saw mill, bank, etc. Home

ate deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

THPLACE (city or town) (State or country) Baltimore Maryland

NAME Frederick E. Reickert

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Catherine Hickman

BIRTHPLACE (city or town) (State or country) Germany

ORMANT Mrs. Catherine Koehler

Address) 503 S. Paca Street

RIAL, CREMATION, OR REMOVAL

ace Western Cem. Date Nov. 22-38

ERTAKER

Address) 1300 EUTAW PLACE

Huntington Millward

Registrar.

ED NOV 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13th, 1938, to Nov. 19th, 1938

I last saw her alive on Nov. 18th, 1938. Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset 11/18/38

Other contributory causes of importance: Tumor of abdomen obstructing bowels (Probably malignant) 11/14/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E. Poulton M. D.

(Address) 3909 Garrison Blvd

TRIESCHMAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

2236 — CERTIFICATE OF DEATH — 1938 F 52236

PLACE OF DEATH St Agnes Hospital — Registered No.

OF BALTIMORE: (No. Fulton and Edmondson Ave St. 25 Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos 4 ds. How long in U. S. If of foreign birth? yrs. mos ds.

FULL NAME Mrs. Mary C. Trieschman — If U. S. Veteran specify WAR

a) Residence: No. Ellicott City, Howard Co St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of William Trieschmann

DATE OF BIRTH (month, day, and year) Unknown 1872

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	-	-	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME OF FATHER William J. Wiedeman

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT William Trieschmann

(Address) Ellicott City

BURIAL, CREMATION, OR REMOVAL Oakland Cem Date Nov. 25 1938

UNDERTAKER Easton Sons

(Address) Ellicott City

NOV 22 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22/1938

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938, to November 22, 1938

I last saw h[illegible] V. alive on November 22 1938. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Renal Disease (Decompensation)	
Terminal Lobar Pneumonia	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles V. Lerch M. D.

(Address) St. Agnes' Hospital

52237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-BF 52237

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-2 Ward)

30

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Charles Bernard

(a) Residence: No. 733 N. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

(Married, widowed, or divorced) HUSBAND of / WIFE of

DATE OF BIRTH (month, day, year) July 5, 1892

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithuania

FATHER'S NAME Peter

FATHER'S BIRTHPLACE (city or town) (State or country) Lithuania

MAIDEN NAME OF MOTHER Helen Garliuski

MOTHER'S BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 22 1938 19

UNDERTAKER Commissioner of Health
(Address) For H. A. Moore

FILED NOV 22 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1938 to November 15, 1938

I last saw her alive on November 15, 1938. Death is said to have occurred on the date stated above, at 9:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess (following bronchiectasis)	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. De Santibe M. D.

(Address) Baltimore City Hospitals

4443

238 F 52238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. University Hospital St. 25-4 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Marjorie Rouzer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3829 S. Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	negro	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8/30/38

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

NAME James Rouzer

BIRTHPLACE (city or town) Balto
(State or country)

MAIDEN NAME Frances Dunn

BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEMORIAL CEMETERY NOV 22 1938

COMMISSIONER OF HEALTH

UNDERTAKER

(Address) Per H. A. Moore.

NOV 22 1938 Huntington Williams Jr.
Registrar

4141

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938, 19..., to November 18, 1938

I last saw her alive on November 18, 1938. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media	11/5
Parenteral Diarrhea	11/5

Other contributory causes of importance:

Malnutrition & Dehydration	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph M. George Jr. M. D.

(Address) University Hospital

F 52239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

52239)

PLACE OF DEATH

OF BALTIMORE: (No. University Hospital St., 4 – 2 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Baby Girl Schmechagen

(a) Residence: No. Cockeysville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6. If married, widowed, or divorced
HUSBAND of
or WIFE of

7. DATE OF BIRTH (month, day, year) November 2nd 1938

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME Williane Schmechagen

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Hilda Heilmann

BIRTHPLACE (city or town) (State or country) Maryland.

12. INTERMENT

(Address)

13. BURIAL, CREMATION, OR REMOVAL

Date NOV 22 1938

Place UNIVERSITY MEDICAL SCHOOL

By (Undertaker or Relative)

14. UNDERTAKER Per H. A. Moore

(Address)

Nov 22 1938 Huntington Williams Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15th, 1938 to November 18th, 1938

I last saw h[illegible] alive on November 18th 1938. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Diarrhoea, Parenteral Malnutrition	
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edgar J. Wells M. D.

(Address) University Hospital

146

240 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52240

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 4508 Kenwick Rd.) 7-14 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

FULL NAME Annie Bortner

(a) Residence: No. 4508 Kenwick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced) SBAND of) WIFE of Louis Frank Bortner

E OF BIRTH (month, day, year) Oct. 20, 1874

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	1	1	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Baltimore Co. Maryland.

NAME Matthew Clarke Ireland

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Mary Lawler

BIRTHPLACE (city or town) (State or country) Ireland.

ORMANT (Address) Mr. Louis F. Bortner 4508 Kenwick Rd.

RIAL, CREMATION, OR REMOVAL

Mount Ridge Date Nov. 24 1938

DERTAKER (Address) Landon M. Douglas Sparrows, Md.

LED 19 Registrar.

Huntington Hillcrest, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from October, 1937, to November 21, 1938

I last saw her alive on November 21, 1938. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	1937
Cardiac Embolus	11/6/37
Other contributory causes of importance:	
Arterio-sclerosis generalized with	Years
arterio-sclerotic heart disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry M. Jensen, M. D.

(Address) 20 E. Preston Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36702 95-3F 52241

2241

Registered No.

LACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Baltimore City Hospitals St. 18-2 Ward)

of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Solomon Gold

a) Residence: No. 1210 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

arried, widowed, or divorced SBAND of) WIFE of Reba

E OF BIRTH (month, day, year) Unknown 1895

Years	Months	Days	If LESS than 1 day, hrs. or min.
?			

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Md.

NAME Harris Gold

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Mary ? Steinberg

BIRTHPLACE (city or town) (State or country) Unknown

Chas Sinkler, City Hospital Records

ORMANT

Address) 1210 E Baltimore St

RIAL, CREMATION, OR REMOVAL

Ahib Chalom Cemetery Date Nov. 23, 1938

DERTAKER Sol Levinson & Bros

Address) 1124-26 W. North ave Huntington Williams Sts

ED

221938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1938 to November 22, 1938

I last saw him alive on November 22, 1938. Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. G. Der Loutelle M. D.

(Address) Baltimore City Hospitals

42

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52242

CERTIFICATE OF DEATH

953

37463-FS

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Baltimore City Hospitals St., 8-7 Ward)

h of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Josephine Beckham or Smith

(a) Residence: No. 1316 N. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	married-seperated

married, widowed, or divorced
USBAND of Herbert Smith
WIFE of

E OF BIRTH (month, day, year) 9-29-~~1900~~ 1898

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Va.
(State or country)

NAME Joseph Beckham

BIRTHPLACE (city or town) Va.
(State or country)

MAIDEN NAME Mattie Wilson

BIRTHPLACE (city or town) Va.
(State or country)

FORMANT B. C. H. Records
Address)

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 11-23- 19 38

DERTAKER Mrs Nobe Elliott-Slaughter
(Address) 1129 N. Caroline St

LED 19 Registrar.

938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19 1938

22. I HEREBY CERTIFY, That I attended deceased from September 27 1938 to November 19 1938

I last saw her alive on November 19 1938 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

52243

CERTIFICATE OF DEATH

93c

F 52243

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hosp St. 7-4 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME George Washington Dupes (Dubbs)

(a) Residence: No. 502 E. 20th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Single

married, widowed, or divorced ---------
RUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) June 17, 1870

E Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switch Tender

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R.R.

Date deceased last worked at this occupation (month and year) 1938 | 11. Total time (years) spent in this occupation 30 yrs

IRTHPLACE (city or town) (State or country) Pennsylvania

. NAME George R. Dubbs

. BIRTHPLACE (city or town) (State or country) Pennsylvania

. MAIDEN NAME Sarah Bricker

. BIRTHPLACE (city or town) (State or country) Pennsylvania

FORMANT Mrs. Alice Henry
(Address) 680 King St. York Pa.

URIAL, CREMATION, OR REMOVAL
Place York Pa. Date Nov. 22 38

NDERTAKER William J. Tickner & Sons
(Address) North & Pennsylvania Aves

V 22 1938 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.
Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52244 48 F 52244

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 216 N. Bose St., 6-2 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Emma C. Callinan

(a) Residence: No. 216 N. Bose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
x		
male	White	Widow

married, widowed, or divorced
(HUSBAND of (or) WIFE of) Edward A. Callinan

DATE OF BIRTH (month, day, year) Aug. 4, 1864

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
74	3	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1639

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.

NAME James Gray

BIRTHPLACE (city or town) Balto.
(State or country) Md.

MAIDEN NAME Not Known

BIRTHPLACE (city or town) Not Known
(State or country)

INFORMANT Maurice Callinan

(Address) 216 N. Bose St.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Co. Date 11/23/38

UNDERTAKER John A. Miller

(Address) 2304 Division St.

Huntington Williams, Mgr.

NUMBER 52244 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938 to Nov 20, 1938

I last saw h[illegible] alive on Nov 20, 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteris	
Other contributory causes of importance: Duration Chronic Nephritis Pulmonary Edema	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) 1501 N. Madison Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52245

CERTIFICATE OF DEATH

39102- F 52245

952 Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. Baltimore City Hospitals St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Rolf

If U. S. Veteran specify WAR

a) Residence: No. 314 S. Robinson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

Married, widowed, or divorced HUSBAND of WIFE of Barbara

DATE OF BIRTH (month, day, year) 10-6-1856

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 0062

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Warehouse

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md. Balto.

NAME August

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 11/23, 1938

UNDERTAKER John A. Miller
(Address) 2364 Patterson Ave.

FILED NOV 22 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1938, to November 20, 1938

I last saw h[illegible] alive on November 20, 1938. Death is said to have occurred on the date stated above, at 10 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. DeSautelle, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

246 F 52246

CERTIFICATE OF DEATH ✓ 48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 1656 Gorsuch Ave-7 St., ... Ward)

(b) Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran —
specify WAR .....

FULL NAME Minna D Warne

(a) Residence: No. 1656 Gorsuch Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female White	married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Edw. G.

3. DATE OF BIRTH (month, day, year) Feb. 2-1868

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	9	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) 11-38

11. Total time (years) spent in this occupation 45

10. BIRTHPLACE (city or town) (State or country) Md

FATHER'S NAME — Weber

FATHER'S BIRTHPLACE (city or town) (State or country) Unknown

MOTHER'S MAIDEN NAME "

MOTHER'S BIRTHPLACE (city or town) (State or country) "

INFORMANT Mary E. Herr
(Address) 1609 Linden Ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 11/25 1938

UNDERTAKER Wm Cook
(Address) 1717 St Paul St

FILED NOV 23 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 4th Amd

21. DATE OF DEATH (month, day, year) Nov 22 1938

22. I HEREBY CERTIFY, That I attended deceased from August 22 1938 to November 22 1938

I last saw h— alive on November 21 1938. Death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Generalized Carcinoma	8 mos.
Cachexia.	
Other contributory causes of importance: Carcinoma of Cervix.	18 mos.

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Biopsy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) James G. White M. D.

(Address) 5214 Ilchester

HEALTH DEPARTMENT—CITY OF BALTIMORE

247

F 52247

CERTIFICATE OF DEATH

X √ 210-M

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St. 26-13 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

FULL NAME James W. Scott

(a) Residence: No. Oakdale & Rosedale Ave. Rosedale Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Scott

DATE OF BIRTH (month, day, year) Sept 29, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	/	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Huckster Self

Date deceased last worked at this occupation (month and year) 11/14/38

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Frank Scott

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME UnKnown

BIRTHPLACE (city or town) (State or country) UnKnown

INFORMANT Lillian Scott

(Address) Rosedale Md.

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 23rd 1938

UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

FILED 19 Huntington Williams, Registrar

NOV 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Nov. 20 1938 Date of injury 19

Where did injury occur? Nice Highway Rosedale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Nice Highway at Oakdale

Nature of injury Struck by Truck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 2757 [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52248

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Balto. City Hospitals St. 12-5 Ward)

of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

ULL NAME Harry Curran (36963)

a) Residence: No. 314 E. Lefayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widowed

married, widowed, or divorced
(HUSBAND of
) WIFE of: Catherine (D) Curran

E OF BIRTH (month, day, year) Sept. 11, 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	10	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Md.

NAME John Curran

BIRTHPLACE (city or town) (State or country) N.Y.

MAIDEN NAME Mary

BIRTHPLACE (city or town) (State or country) Md.

ORMANT Hospital Records
Address)

AL, CREMATION, OR REMOVAL Wilson Mt. Church Date 11/25 38 19

DERTAKER O'Sullivan Bros
Address) 1217 E. Lane & rear

ED 19 Registrar.

NOV 23 1938 Huntington, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1938 to November 21, 1938

I last saw him alive on November 21, 1938. Death is said to have occurred on the date stated above, at 8:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1937
Other contributory causes of importance: Tuberculosis of wrist, left	Jan. 1938

Was an operation performed? Yes Date of 10-5-38

For what disease or injury? Tuberculosis of wrist, left

Name of operation Fusion of wrist

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52249

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 529 Somerset St. 5-1 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Sarah W. Owens

(a) Residence: No. 529 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) 1868

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 570

Date deceased last worked at this occupation (month and year) Date Not Known

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME Not Known

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Annie N. Rawlings

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Mrs. Annie Jeffs, 633 Park Ave

BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Nov. 23 1938

UNDERTAKER (Address) Mrs Frances G. Beasley 5 S. St Paul St

NOV 28 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938 to Nov 20, 1938

I last saw h... alive on Nov 18, 1938. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 10, 1938
Other contributory causes of importance:	
Hypertension	

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation none

What test confirmed diagnosis? clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, ...

(Signed) B Harris M. D.

(Address) 1307 N Caroline St.

2250 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 159 F 52250

PLACE OF DEATH Union Memorial Hospital

OF BALTIMORE: (No. ..... St., 8-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME James Bartholomew Neary

If U. S. Veteran specify WAR .....

(a) Residence: No. 2422 E. Lafayette Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
1	W.	S

nmarried, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) Oct. 19, 38

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) Baltimore
(State or country)

NAME Patrick J. Neary

BIRTHPLACE (city or town) Balto. Md.
(State or country)

MAIDEN NAME Agnes A Hubbard.

BIRTHPLACE (city or town) Balto Md.
(State or country)

FORMANT Patrick J. Neary
(Address) 2422 E. Lafayette ave.

RIAL, CREMATION, OR REMOVAL
lace Mem. Cathedral Cem. Date Nov. 23 1938
19

DERTAKER Henry Hoeck & Sons Inc.
(Address) 139 E. Eager St.

LED 19 Huntington Wilson Registrar

3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938, to Nov 22, 1938

I last saw him alive on Nov 22, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Malnutrition	Oct 19/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Richard W. Watkinson M. D.

(Address) Union Memorial Hosp.

2251 F 52251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Union Memorial Hospital St., 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Franklin Dson

If U. S. Veteran specify WAR

(a) Residence: No. 3616 Park Ave Ave St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	married

married, widowed, or divorced
USBAND of
WIFE of Martha A. Dson

E OF BIRTH (month, day, year) April 8, 1872

Years	Months	Days	If LESS than 1 day hrs. or min.
66	7	14	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. U. E. Hooper & Son

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Md
(State or country)

NAME John Dson

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Matilda ?

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT Martha A Dson

Address) 3516 Parkside Ave

RIAL, CREMATION, OR REMOVAL

Emmanuel, Howard Co Md Date Nov 24, 1938

DERTAKER Thanouse & Son

Address) 3615 Chestnut Ave

ED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1938, to 11-22, 1938.

I last saw him alive on 11-22, 1938. Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Cause of Disease	
Cardio vascular collapse	11-20-38
Carcinoma of left lower Colon	11-20-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-5-38

For what disease or injury? Carcinoma of sigmoid

Name of operation Nitro

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank M. Wegner M.D.

(Address) Union Memorial Hospital

252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52252

CERTIFICATE OF DEATH

V 46-E

Registered No. 45-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 1558 Moreland Ave

(If not in city or town where death occurred) Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Dora Rosenbaum

(a) Residence: No. 1558 Moreland Ave (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

(If married, widowed, or divorced) (a) BRAND (b) WIFE of Ben Zion Rosenbaum

DATE OF BIRTH (month, day, year) June 16, 1865

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brest. Md.

NAME Solomon Strauss

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Theresa Strauss

BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs. H. Weisbopf

(Address) 1558 Morelandave.

BURIAL, (CREMATION, OR REMOVAL)

Beth Hebrew Cy. Date Nov. 23, 1938

UNDERTAKER David Lyndenstein & Son

(Address) 1902 Eutaw Place

FILED Nov 23 1938 (Registrar's Signature) Wm. H. Hunting for Balthazar, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1938, to Nov. 22, 1938

I last saw h alive on Nov. 22, 1938 Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic malignancy (Cancer?)	August
Jaundice	Sept
Hypertensive Cardiopathy	Years

Other contributory causes of importance:

Was an operation performed? Yes Date of June 15, 1938

For what disease or injury? Excision of Sarcoma from Neck

Name of operation Biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Saml Solomon M. D.

(Address) 2444 Eutaw Pl.

3 1938

53

Eugenia Forrester

F 52253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 548 Robert St. 14-2 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Eugenia Forrester

(a) Residence: No. 548 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col.	Widowed

Married, widowed, or divorced
HUSBAND of
(or) WIFE of John Forrester

DATE OF BIRTH (month, day, year) 1877

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 0

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

NAME Hardesty

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Maggie Forrester

(Address) 548 Robert St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/23 19

UNDERTAKER Thomas E. Kelson

Address 1303 Greenmount Ave

Filed 23 1938 19 Record

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938 to Nov. 19, 1938

I last saw her alive on Nov. 19, 1938 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 15 1938

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Pelletain M. D.

(Address) 817 Hamilton Ter

254 F 52251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1415 Holbrook Street St., 9-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME James Henry Durken

(a) Residence: No. 1415 Holbrook Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

If married, widowed, or divorced
HUSBAND of Catherine Schemm
or WIFE of

DATE OF BIRTH (month, day, year) March 25, 1845

Years	Months	Days	If LESS than 1 day ~~hours~~ ~~min.~~
93	7	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Messenger U.S. Custom House

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME William A. Durken

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Catherine Williams

BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Luke Durken
(Address) 1415 Holbrook Street

BURIAL, CREMATION, OR REMOVAL
Place Ceder Hill Cem. Date 11/24/38

UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

Huntington Matthews, M.D.

NOV 23 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/16/35, 19..., to 11/22/38, 19..

I last saw him alive on 11/21, 1938. Death is said to have occurred on the date stated above, at 9.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	3da
Other contributory causes of importance: Arteriosclerotic Cardio-vascular disease	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Bluem M. D.

(Address) 906 E. Preston St

55 F 52255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 519 Callendar St. 21-7 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

ULL NAME Patrick Lamont

a) Residence: No. 519 Callendar St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) Nov. 19, 1938

Years	Months	Days	If LESS than 1 day, 17 hrs. or min.
		1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto., Md.
(State or country)

NAME Robert E. Siemont

BIRTHPLACE (city or town) Balto., Md.
(State or country)

MAIDEN NAME Mary E. Darrell

BIRTHPLACE (city or town) Kent Co., Md.
(State or country)

FORMANT Robert E. Siemont
(Address) 519 Callendar St.

RIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 23 19 38

NDERTAKER Conlyne, Inc.
(Address) 1017 W. Lexington St.

D Oct 23 1938 Huntington Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938 to Nov. 21, 1938

I last saw HER alive on Nov. 21, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Insufficiency	11/19/38

Other contributory causes of importance: None

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. L. Campbell M. D.

(Address) 1624 Hanover St.

2256 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52256

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH
OF BALTIMORE: (No. University Hospital St. 20th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

n of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME George Evatt

a) Residence: No. 1911 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

Married, widowed, or divorced
(HUSBAND of
(or) WIFE of

E OF BIRTH (month, day, year) [illegible]

Years	Months	Days	If LESS than 1 day hrs. or min.
73	7	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lab

Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & P Co

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

THPLACE (city or town) Baltimore
State or country)

NAME [illegible]

BIRTHPLACE (city or town) Baltimore
(State or country)

MAIDEN NAME [illegible]

BIRTHPLACE (city or town) [illegible]
(State or country)

FORMANT [illegible]
Address)

RIAL, CREMATION, OR REMOVAL

Place Date 19

DERTAKER
Address)

ED Huntington Undertaking Co., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from NOV. 20, 1938, to NOV. 22, 1938

I last saw him alive on NOV. 22, 1938 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papilloma Left Tumor - right	11/2/38
Other contributory causes of importance: Post-operative Shock	

Was an operation performed? YES. Date of NOV. 21 '38

For what disease or injury? BRAIN TUMOR

Name of operation CRANIOTOMY EXCISION TUMOR

What test confirmed diagnosis? CLIN. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John James Bonfiglio, M. D.

(Address) University Hospital

Bonfiglio

52257 HEALTH DEPARTMENT—CITY OF BALTIMORE B 52257

CERTIFICATE OF DEATH V 106-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 528 W. Biddle St. 17-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Gwendolin Stewart

(a) Residence: No. 528 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	Cd	Single

If married, widowed, or divorced
WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Oct. 31, 1938.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		22 21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME Frank Stewart

11. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. MAIDEN NAME Edith Smithson

13. BIRTHPLACE (city or town) (State or country) Westminster Md.

INFORMANT Edith Stewart

(Address) 528 W. Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 23, 38

UNDERTAKER Mr Kale R Williams

(Address) 324 Schroeder St.

FILED Huntington Ave. Baltimore, Md.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased on

(Inquest, Autopsy or Investigation)

held on , and that said deceased came

(Inquest, Autopsy or Investigation)

death on the day stated above. 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Acute Bronchitis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kann M. D.
Coroner

(Address) 210 Norwood

2258 F 52258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 857 S. DALLAS ST. St., 3-2 Ward)

th of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME JOHN W. LAYTON SR.

If U. S. Veteran specify WAR

(a) Residence: No. 857 S. DALLAS ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
LE	WHITE	WIDOWER

married, widowed, or divorced HUSBAND of (or) WIFE of MARGARET LAYTON.

TE OF BIRTH (month, day, year) JULY 18 1905

E Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NOT EMPLOYED.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) BALTO MD.

NAME JAMES F. LAYTON.

BIRTHPLACE (city or town) (State or country) BALTO. MD.

MAIDEN NAME BERTHA BENSER

BIRTHPLACE (city or town) (State or country) BALTO. MD.

NFORMANT JAMES F. LAYTON

(Address) 805 S. ELLWOOD AVE.

URIAL, CREMATION, OR REMOVAL

Place OAK LAWN CEM. Date NOV. 23 1938

NDERTAKER Lilly & Zeiler Inc.

(Address) 407 S. WOLFE, ST.

Huntington Williams, Md.

1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 20 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanide Poisoning	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 11/20/38

Where did injury occur? 857 S. Dallas St. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed poison

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schmidt Coroner M. D.

(Address) Coroner

259

F 52259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 857 S. DALLAS ST. St. 3-2 Ward)

th of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME JOHN W. LAYTON JR.

(a) Residence: No. 857 S. DALAS ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
LE	WHITE	SINGLE

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) APRIL 4 1928

GE Years	Months	Days	If LESS than 1 day... hrs. or min.
10	7	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SCHOOL BOY.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT SCHOOL.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) BALTO. MD

NAME JOHN W. LAYTON

BIRTHPLACE (city or town) (State or country) BALTO. MD.

MAIDEN NAME MARGARET OSTENDORF.

BIRTHPLACE (city or town) (State or country) BALTO. MD.

NFORMANT JAMES. E. LAYTON

(Address) 805 S. ELLWOOD AVE.

URIAL, CREMATION, OR REMOVAL

Place OAK LAWN CEM. Date NOV. 23 38

NDERTAKER Lilly - Zeiler Co.

(Address) 403 S. WOLFE ST.

Huntington Williams Reg. Asst.

ILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 20 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence, (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cyanide Poisoning

	Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? — Date of

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/20, 1938

Where did injury occur? 85-75. Dallas St. Balto, Md.

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State)

Manner of injury Father put poison in

Nature of injury childs ice cream

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner M. D.

(Address)

2260

E 52260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 116 S. CASTLE ST St. 2-1 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

LL NAME HELEN B . B UETTNER

) Residence: No. 116 S. CASTLE ST St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
LE	WHITE	WIDOW

narried, widowed, or divorced SBAND of) WIFE of GOTTLIEB BUETTNER.

E OF BIRTH (month, day, year) DEC. 20/1859

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) B ALTO. MD.

NAME GEORGE HART.

BIRTHPLACE (city or town) (State or country) GERMANY

MAIDEN NAME UNKNOWN

BIRTHPLACE (city or town) (State or country) GERMANY

FORMANT MARIE BUETTNER.
(Address) 116 S. CASTLE ST.

RIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date NOV. 25. 1938

NDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. CHOLLE ST.

LED Registrar.

038

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 22 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1938 to Nov 22 . 1938

I last saw h[illegible] alive on Nov 22 . 1938 Death is said to have occurred on the date stated above, at 2/ 30 a.m. am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho. Pneumonia (from)	11/20/38
Carcinoma of Pancreas	7/1/38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... Specify.

(Signed) William Rosauer M. D.

(Address) 8012 Kelwood Ave

261 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52261

CERTIFICATE OF DEATH 131

PLACE OF DEATH

OF BALTIMORE: (No. 3240 Segnora Ave St. 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Emma Miller

If U. S. Veteran specify WAR

(a) Residence: No. 3240 Segnora Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

Married, widowed, or divorced HUSBAND of WIFE of John R. Miller

DATE OF BIRTH (month, day, year) Nov 20-1871

Years	Months	Days	If LESS than 1 day hrs. or min.
67	8	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country)

INFORMANT Grace M. Cromwell

(Address) 3240 Segnora Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 23 1938

UNDERTAKER Charles L. Black

(Address) 742 West North Ave

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938 to Nov 22, 1938

I last saw her alive on Nov 22, 1938 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis Deformity	1935
Other contributory causes of importance: Syphilis Chronic	

Was an operation performed? No Date of X

For what disease or injury? X

Name of operation X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X

(Signed) H. Huntington Williams, M. D.

(Address) 3201 Segnora Ave

R 1938

2262 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32262

CERTIFICATE OF DEATH V 129

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Joan C. Tyszkiewicz

(a) Residence: No. 733 S. Luzerne Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) August 20, 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME OF FATHER Joseph Tyszkiewicz

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Eleanor Wade

BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Joseph Tyszkiewicz

(Address) 733 S. Luzerne Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 24 1938

UNDERTAKER John M. Weber

(Address) 401 S. Chester St. Huntington Williamson, W. Va.

NOV 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Peritonitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenuber Coroner, M. D.

(Address) Coroner

B. 1268-9

F 52263

263 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH

OF BALTIMORE: (No. 1019 McKean Ave 16-th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Johanne Giesler

(a) Residence: No. 1019 McKean Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
USBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) Dec 13th 1862

6. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME unknown - Giesler

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME unknown - Langguth

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Miss Annie Rogge

(Address) 1019 McKean

RIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Nov 23, 1938

NDERTAKER Wm. J. Tuckwood & Son

(Address) Wilmington, Del.

3 1938 Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) November 21 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to November 21st 1938

I last saw her alive on Nov 21st 1938. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-vascular disease with hypertension	
Cardiac Decompensation & ~~Acute~~ Myocardial Failure	1936
Other contributory causes of importance: Cardiac asthma	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston L. Brown M.D.

(Address) 1938 Linden Ave

2264 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52264

CERTIFICATE OF DEATH

95-13 39137-WS

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Baltimore City Hospitals St., 8-7 Ward)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

h of residence in city or town where death occurred life yrs. mos. da.

ULL NAME Daisy Mack

a) Residence: No. 1102 N. Wolfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	Colored	married-seperated

married, widowed, or divorced
USHAND of Elijah
E) WIFE of

TE OF BIRTH (month, day, year) 1-3-~~1900~~ 1895

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	10	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

NAME John Cornish

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Allen

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT U. C. H. Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Nov 24 1938

DERTAKER Robert L. Williams

(Address) 2375 W. Pratt St

LED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-19-, 1938 to 11-22-, 1938

I last saw h alive on 11-22-, 1938 Death is said to have occurred on the date stated above, at 9:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C. V Disease	1922

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward Webster, M. D.

(Address) Balto City Hosp.

F 52265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

PLACE OF DEATH

Registered No. 16-4

Y OF BALTIMORE: (No. 636 N. Fulton Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Matilda A. Bolden

(a) Residence: No. 636 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced)
USBAND of
e) WIFE of Richard E. Bolden

E OF BIRTH (month, day, year) May 30 1863

Years	Months	Days	If LESS than 1 day, hrs. or min.
75		23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME John Arther

BIRTHPLACE (city or town) Ireland
(State or country)

MAIDEN NAME Eliza Jane Weir

BIRTHPLACE (city or town) Ireland
(State or country)

FORMANT Mr. Richard E. Bolden
(Address) 636 N. Fulton Ave.

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 38

DERTAKER D. Aurora
(Address) 1003 W. Baltimore St.

3 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1938 to Nov. 22, 1938

I last saw her alive on Nov. 21, 1938 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Cerebral Hemorrhage	11/2/38

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) William A. Triplett, M. D.

(Address) 1326 W. Lakeland St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52266

CERTIFICATE OF DEATH

✓ 186-F 52266

PLACE OF DEATH Balto City Hospitals

Registered No. 1877

TY OF BALTIMORE: (No. Bay View St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME James Scott

(a) Residence: No. Balto City Hospitals Infirmary St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widowed

(married, widowed or divorced HUSBAND of (or) WIFE of Susanna Scott (d)

ATE OF BIRTH (month, day, year) July 1870

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

8. Date deceased last worked at this occupation (month and year) March 38 | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) New York City

. NAME Susanna Scott

. BIRTHPLACE (city or town) (State or country) New York City

. MAIDEN NAME Susanna

. BIRTHPLACE (city or town) (State or country) New York City

NFORMANT Balto. City Hospitals Head

(Address)

URIAL, CREMATION, OR REMOVAL Catonsville Medical Journal NOV 23 1938

Place Date Commissioner of Health

NDERTACHER

(Address) Per M. A. Myers

V 23 1938 Huntington Williams, M.D.

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Thereon and from the evidence (Inquest, Autopsy or Inquiry) thereat and from (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration upper Lip	Nov 7
Fracture Skull	" "
Other contributory causes of importance: Chronic heart disease Arterio-sclerosis	1933

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 7, 1938

Where did injury occur? City Hospitals Ground (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital Grounds

Manner of injury Fell striking head on ground

Nature of injury Fracture Skull, Laceration upper Lip

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

(John Stusauskas)

52267 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH √ 154 F 52267

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 703 W. Lombard St. 2 Ward)

(If not in city or town where death occurred, give city or town and State.) How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Astaf[illegible] (Stusauskas)

(a) Residence: No. 703 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

Date deceased last worked at this occupation (month and year) Nov. 38

11. Total time (years) spent in this occupation 30yrs

BIRTHPLACE (city or town) (State or country) Lithuania

NAME Ewa[illegible] Astafievaite

BIRTHPLACE (city or town) (State or country) Lithuania

MAIDEN NAME Matilda Bredunas

BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Matilda Puchia

(Address) 705 Portland St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Nov 24 1938

UNDERTAKER Chas B. Kuchauskas

(Address) 637 S. Paca St

Nov 23 1938 Huntington Pittinger, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 hr
Chr. Osteo Myelitis (left mandible),	Chr. Alcoholism Chron

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

24a If so, specify

(Signed) Michael A. Adams Coroner, M. D.

(Address) 236 Interplace

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52268

CERTIFICATE OF DEATH

V 59

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Mercy hospital Balto. Md St. 7 7-3 Ward)

of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Elizabeth Parsons

If U. S. Veteran specify WAR .....

(a) Residence: No. 681 Ruckert Ave Balto, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

Married, widowed, or divorced
HUSBAND of
or WIFE of Widow

DATE OF BIRTH (month, day, year) March 7th 1872

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (Retired)

Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Germany.
(State or country)

NAME John Tracie

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME ?

BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mary Emma Miller
(Address) 681 Ruckert Ave

BURIAL, CREMATION, OR REMOVAL

Where Parkwood Cem. Date Nov 25th 1938

UNDERTAKER Geo Schlichtenberg
(Address) 124-126 S. Fremont St

FILED ..... 19 Huntington Pikesville, Md

NOV 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1938, to Nov 22, 1938.

I last saw her alive on Nov 22, 1938. Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Coma)	?
Arteriosclerotic Heart Disease with Auricular fibrillation	
Possible Pulmonary Embolism	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. J. Evans Jr M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52269 CERTIFICATE OF DEATH 59 F 52269

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3130 Baker St., 16-7 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs. Mary E. Poulton

(a) Residence: No. 3130 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

married, widowed, or divorced
HUSBAND of
or) WIFE of Henry E. Poulton

TE OF BIRTH (month, day, year) March 2nd 1861

E Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry-Dom

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12

RTHPLACE (city or town) (State or country) Baltimore Md

NAME John H. Mahoney

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary Hayes

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT William E. Poulton

(Address) 3130 Baker St

RIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Nov 24 1938

NDERTAKER George F. Schwartz

(Address) 2101 Pennsylvania Ave

Nov 23 1938 Huntington Pickens, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th, 1938, to Nov 21, 1938.

I last saw her alive on Nov. 15, 1938. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Arterio sclerotic heart disease with cardiac insufficiency	3 Yrs
Other contributory causes of importance: Diabetes.	3 Yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Mitchell, M. D.

(Address) 1901 Edmondson Ave

F 52270

HEALTH DEPARTMENT—CITY OF BALTIMORE 38579

CERTIFICATE OF DEATH

✓ 35-C

PLACE OF DEATH Baltimore City Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore, Md. St. 17-1 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gertrude Gaskins

If U.S. Veteran specify WAR

(a) Residence: No. 581 Camel Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

(a) WIFE of James Gaskins

DATE OF BIRTH (month, day, year) 2-9-02

Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	29	

Trade, profession, or particular kind of work done, as spinner, surveyor, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Washington
(State or country) District of Columbia

NAME William Brown

BIRTHPLACE (city or town) D.C.
(State or country)

MAIDEN NAME Ellen Taylor

BIRTHPLACE (city or town) D.C.
(State or country)

INFORMANT Records
(Address) Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL

Place Loyola Cem. Date NOV 23 38

UNDERTAKER Adolphus Halstead
(Address) 1 E Lexington St
Huntington Millinery Co. Inc.

NOV 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20- , 19 38

22. I HEREBY CERTIFY, That I attended deceased from 11-18-38, 19 , to 11-20- , 19 38

I last saw her alive on 11-20- , 19 38. Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma	Prior to adm. 11-1-38.
Other contributory causes of importance: Delirium state	11-14-38.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Schmuck M. D.

(Address) Baltimore City Hospitals

2271

E 52271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 1613 Eulgrave Ave 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in this or to an where death occurred No mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary E. Durham

If U. S. Veteran specify WAR

(a) Residence: No. 1613 Eulgrave Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Widow

married, widowed, or divorced) HUSBAND of er) WIFE of John T. Durham

TE OF BIRTH (month, day, year) June 27 1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Co Maryland

NAME Thomas Leach

. BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Lara Johnson

. BIRTHPLACE (city or town) (State or country) Maryland

FORMANT (Address) Miss Mattie T. Durham 1613 Eulgrave Ave.

RIAL, CREMATION, OR REMOVAL Place Mt. Lion, Frederick Nov. 24 1938

NDERTAKER (Address) Horace F. Burgee 3631 Falls Road

ED 1938 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 20 1938 to Nov. 21 1938

I last saw her alive on Nov. 21. 1938 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy right lung	1 Day
Other contributory causes of importance: Bronchitis	10/20
Pleurisy	11/15

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. N. Dorsey, M. D.

(Address) 1800 Eutaw Rd.

F 52272

2272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

PLACE OF DEATH Scotts Packing House — Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Africanna Rd St. 2-2 Ward)

gth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Helis Gaca.

If U. S. Veteran specify WAR

(a) Residence: No. 212 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Wanyana Gaca.

ATE OF BIRTH (month, day, year) Dec 1877

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	61		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

8. Date deceased last worked at this occupation (month and year) Nov 1938 | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Poland

NAME Peter Gaca.

4. BIRTHPLACE (city or town) (State or country) Poland

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country) Poland

NFORMANT Wanyana Gaca (Wife)
(Address) 212 S. Wolfe St

URIAL, CREMATION, OR REMOVAL

Pla St Stanislaus Date Nov. 26 38

NDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave.

ILED Huntington Pollard Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Valvular Heart disease	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 E. Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

52273 X 159 F 52273

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred: yrs. mos. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Levine Close

If U. S. Veteran specify WAR

(a) Residence: No. Westminster, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year)

E Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

NAME Ralph B. Close

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Catherine Bicker

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT Ralph B. Close
(Address) Westminster

RIAL, CREMATION, OR REMOVAL

Place Westminster Cem. Date Nov. 25 19 38

NDERTAKER H. Bankhardt & Son.
(Address) Westminster, Md.

NOV 9 Huntington Millard [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/11/38, 19__, to 11/23, 1938

I last saw h[illegible] alive on 11/22, 1938. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Sept. 1938
Aspiration of Mucus	11/23/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph W. Beard Jr. M. D.

(Address) University Hospital

TIMANUS

HEALTH DEPARTMENT—CITY OF BALTIMORE

52274

CERTIFICATE OF DEATH

131 F 52274

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2926 Berwick St., 27-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME William H. Timanus

(a) Residence: No. 2926 Berwick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Auth

6. DATE OF BIRTH (month, day, year) Sept. 2, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) W. Ludwig West Va.

10. NAME Jacob Timanus

11. BIRTHPLACE (city or town) (State or country) Balto. Md.

12. MAIDEN NAME Emily Mayberry

13. BIRTHPLACE (city or town) (State or country)

14. INFORMANT Elmer F. Timanus

(Address) 2926 Berwick

15. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 11/25 1938

16. UNDERTAKER D. J. McCarthy & Co. Inc.

(Address) 1300 E. Fort Ave. Baltimore, Md.

Registrar

NOV 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov (193) 19 to Nov 24, 1938

I last saw h. alive on Nov 24 1938 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic nephritis - Uremia - 3 days	3 yrs
arterio - sclerosis -	5 yrs
Other contributory causes of importance:	
emphysema -	3 yrs.

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Final Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumrine M. D.

(Address) 722 N. Kenwood Ave

LOUIS F. KRUMRINE M. D.
922 S. KENWOOD AVE.
BALTIMORE, MD.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52275

CERTIFICATE OF DEATH

82a F 52275

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1019 Homewood Ave St., 10-1 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Agnes Pauline White

If U. S. Veteran specify WAR

(a) Residence: No. 1019 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Arthur J. White

TE OF BIRTH (month, day, year) March, 1874

E Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto

NAME Walter Bell

BIRTHPLACE (city or town) (State or country) Balto

MAIDEN NAME Jennie Benasco

BIRTHPLACE (city or town) (State or country) Penn.

FORMANT Walter Bell

(Address) 1019 Homewood Ave

RIAL, CREMATION, OR REMOVAL

Place Green Mount Date Nov 24, 1938

NDERTAKER R. Wiedefeld

(Address) 904 Greenmount Ave

NOV 23 1938 Huntington Avenue Funeral Home

Dr. Titterfield

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1938, to Nov. 20, 1938

I last saw h alive on Nov. 20, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy due to cerebral hemorrhage.	11/20/38 ?
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Samuel Ludgate M. D.

(Address) 714 E. Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

52276

CERTIFICATE OF DEATH

94B F 52276

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 E. Preston St., 8-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Joseph Edward Stumpf

(a) Residence: No. 2235 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 18, 1881

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0072

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Michael Stumpf

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Margaret Thun

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Miss Mary Stumpf
(Address) 2235 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/25/38

19. UNDERTAKER John C. Miller Inc.
(Address) 2439 E. Oliver St.

NOV 23 1938 Huntington Pittinger, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Have held an Autopsy or Inquiry)
obtained by autopsy and inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52277

CERTIFICATE OF DEATH

F 52277

Registered No. 872

PLACE OF DEATH

Balto. City Hospitals 1860

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Bay View St., 12 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Cescar Mickens

(a) Residence: No. 203 E. 20½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Mickens Dec

ATE OF BIRTH (month, day, year) Dec. 25 1902

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer coal

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Yard

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Fauquier Co. Va

1. NAME Cesar Mickens

4. BIRTHPLACE (city or town) (State or country) Va

5. MAIDEN NAME Susan Mitchell

6. BIRTHPLACE (city or town) (State or country) Va

NFORMANT Thos. Mickens Brother

(Address) 203 - 20½ E.

URIAL, CREMATION, OR REMOVAL

Place Ashland Va Date 11/24 1938

NDERTAKER Payne Sanders

(Address) 1613 E. Preston St

W 23 1938 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	Nov. 19 1938
Hemorrhage due to fracture	Nov. 19 1938
Other contributory causes of importance: Accident	Nov. 19 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 19 1938

Where did injury occur? 20 & Fauquier Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell down stairs

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Gay St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52278 F 52278

CERTIFICATE OF DEATH

94B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) St Joseph Hospital (Ward) 26-1

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mark E Althoff

If U. S. Veteran specify WAR

(a) Residence: No. 5404 Maryland Ave (Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Connie J Althoff

6. DATE OF BIRTH (month, day, year) 7-8-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Penn

13. NAME OF FATHER Joseph Althoff

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Elizabeth Heumbo

16. BIRTHPLACE (city or town) (State or country)

17. NAME AND ADDRESS OF INFORMANT Connie Althoff (Address) 5404 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Joseph Cemetery Date 11/26/38

19. NAME AND ADDRESS OF UNDERTAKER Leonard Black (Address) 5303 Harford Road

20. FILED Huntington Pallbearers, Inc.

NOV 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Mueller M. D.

Coroner

(Address) Coroner

52279 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 213 F F 52279

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Balto. General Hospital St., (Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank Sobysk

(a) Residence: No. Pitsburge Pa. St., Ward. 24-3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 50.			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laf

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miler 0086

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

NAME UnKnown

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME UnKnown

BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 11/24/38

UNDERTAKER Leonard J. Finch

(Address) 1202 Huntingdon Ave

DATE RECEIVED NOV 23 1938 Huntington Ave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) (Before and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Nov. 17, 1938 19

Where did injury occur? Pier #9 Locas Point (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Boat

How did injury occur? Well from Gangplank hit head on Pier

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how?

(Signed) [illegible] M. D. Coroner

(Address) 2757 Wms

HEALTH DEPARTMENT—CITY OF BALTIMORE

52280

CERTIFICATE OF DEATH

920

F 52280

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. Mercy Hospital St., 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harry Roeder

If U. S. Veteran specify WAR

(a) Residence: No. 4319 La Salle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
all White	Widowed

married, widowed, or divorced
HUSBAND of
WIFE of Emma Roeder

DATE OF BIRTH (month, day, year) April 11, 1890

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Serv 0029

Date deceased last worked at this occupation (month and year) August 1937

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME George Roeder

BIRTHPLACE (city or town) (State or country) ? Md.

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Self

(Address)

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 11/24/38

UNDERTAKER Leonard J. Pugh

(Address) 2211 Harford Rd

NOV 23 1938 Huntington, Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938 to Nov. 21, 1938

I last saw h. alive on Nov. 21, 1938 Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	3 days
Aortic Stenosis	15 yr.
Pulmonary Edema	3 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Lewis, M. D.

(Address) Mercy Hospital Baltimore, Md

2281 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52281

CERTIFICATE OF DEATH

107-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 2-3 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Michael Kriaman

(a) Residence: No. 731 S Ann St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	W.	single

If married, widowed, or divorced
of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 37.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md.

10. NAME OF FATHER Bernard Kriaman

11. BIRTHPLACE (city or town) (State or country) Balto Md.

12. MAIDEN NAME OF MOTHER Frances Wojcik

13. BIRTHPLACE (city or town) (State or country) Balto Md.

14. INFORMANT Bernard Kriaman
(Address) 731 S Ann St

15. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 25th 1938.

16. UNDERTAKER George A. Weber
(Address) 705 S Ann Street

17. FILED Huntington Hillyard Registrar

NOV 24 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/22.
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Kanna Coroner M. D.

(Address) 1 W Baltimore St

T 52282

2282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 4006 Norfolk ave St. 45-9 Ward)

th of residence in city or town where death occurred 34 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Pearl Stelmach

If U. S. Veteran specify WAR

(a) Residence: No. 4006 Norfolk ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale.	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Stelmach

TE OF BIRTH (month, day, year)

E Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

NAME Rachel Engelli

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Louise Ruth Lyman

BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Joseph Stelmach

(Address) 4006 Norfolk Ave.

URIAL, CREMATION, OR REMOVAL

Place Mt. Y. Mem Cemetery Date Nov 24 38

NDERTAKER Sol Levinson Bros

(Address) 1124 W Mt Royal Ave

ILED 19 Registrar

24 1938 Huntington, West Virginia, [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 6.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

52283 Minor F 52283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1513 Linden ave St. 14-1 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Susan Winner

U.S. Veteran (Specify WAR)

(a) Residence: No. 1513 Linden Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Co Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Va

17. INFORMANT No Information.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Nov 24 1938

19. UNDERTAKER Bernard C Funk

(Address) 1902 Eden Ave.

FILED 19 Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1938

22. I HEREBY CERTIFY, That I attended the deceased from ... to ... and that death occurred at ... M. on the date stated above. The principal cause of death and related causes of importance were as follows: 3 Days

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Adams M. D.

(Address) 1215 Hanover Street

T 52284 1

281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Thomas Edward O'Byrne

(a) Residence: No. 1525 S. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 23, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Edward P. O'Byrne

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Anna F. Lannagan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward P. O'Byrne

(Address) 1525 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/25/ 1938

19. UNDERTAKER Margaret G. Flynn

(Address) 2102 N. Hilton St.

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive on [illegible] and that said deceased died on the date stated above.

Autopsy (Yes or No) Inquest (Yes or No)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Ybarra Coroner, M. D.

(Address)

2285

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52285

CERTIFICATE OF DEATH

210-M-5-2285

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 20-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Leo A. Dicus

(a) Residence: No. 1937 Lemmon St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 24, 1925

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	1	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

3. NAME Walter Dicus

4. BIRTHPLACE (city or town) (State or country) Maryland

5. MAIDEN NAME Estelle Keller

6. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Walter L. Dicus

(Address) 1937 Lemmon St.

BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery 11/25 38

UNDERTAKER Frye & Smith

(Address) Fulton & Fayette

FILED ... 19 ... Registrar

4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon, and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Date of injury Nov. 22 1938, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Bicycle ran into rear of truck at James St & Ostend St.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. R. Mellon M. D.

Coroner

(Address) 2737 Kirk Ave

2286

HEALTH DEPARTMENT—CITY OF BALTIMORE F 52286

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Balto. City Hospt. St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Andrew Ziegler

If U. S. Veteran specify WAR

(a) Residence: No. 1617 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	Widowed

married, widowed, or divorced USBAND of (er) WIFE of Margaret

TE OF BIRTH (month, day, year) 12-1-1857

Years	Months	Days	If LESS than 1 day hrs. or min.
80	11	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

NAME John

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Elizabeth

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT B. & O. R. R. Hospitals
(Address)

RIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 11/25/ 1938

NDERTAKER John J. Cowan & Son
(Address) 521 Fallow St.

LED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1938 to 11-23, 1938

I last saw h. alive on 11-23, 1938 Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	sudden
Arterio sclerosis	?
Abscess Scrotum	?
Other contributory causes of importance:	
Diabetes Mellitus mild	?

Was an operation performed? Yes Date of June 4, 1938

For what disease or injury?

Name of operation Drainage Scrotal abscess

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed) L. K. Woodward Jr M. D.

(Address) Balto. City Hosp.

52287

HEALTH DEPARTMENT—CITY OF BALTIMORE 52287

CERTIFICATE OF DEATH

34B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital 2-6 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (specify WAR)

FULL NAME Andre T Landas McCormac S.C.

(a) Residence: No. S.S. Fordes Hamptonman Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakwood Date 11/24/38 19

19. UNDERTAKER Leonard J Root

(Address) 5305 Reisterstown Rd

20. FILED Nov 25 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on the (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurism Rupturing into Oesophagus	11/19/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D.

Coroner

(Address)

52288

HEALTH DEPARTMENT—CITY OF BALTIMORE 52288

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Clinic Hospital St. 27-17 Ward)

h of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Joseph Lazarus

(a) Residence: No. Lemmle Azel Bone St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Widower

married, widowed, or divorced
USBAND of
er) WIFE of

1863

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Lapkow

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME unknow

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Jewish Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Hebrew Rd Cemetery Date Nov 24 19 38

NDERTAKER Sol Levinson Bros
(Address) 1124 Lw North Ave

LED ... 19...

1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/ 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938 to Nov 23, 1938

I last saw him alive on Nov 23, 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myeloid leukemia — Date of onset 1935

Other contributory causes of importance:

Pneumonia — 11/20/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney Arlook, M. D.

(Address) 4114 Druid Blvd.

52289 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52289

CERTIFICATE OF DEATH

53-a 52289

PLACE OF DEATH Church Home & Infirmary

Registered No.

Y OF BALTIMORE: (No. North Broadway St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

FULL NAME Catherine Custis Parker

If U. S. Veteran specify WAR

(a) Residence: No. Church Home & Infirmary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
de	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) June 9, 1868

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore Co., Md.
(State or country)

NAME John Parker

BIRTHPLACE (city or town) Baltimore Co, Md
(State or country)

MAIDEN NAME Martha G. Curtis

BIRTHPLACE (city or town) Baltimore Co, Md.
(State or country)

FORMANT Catherine C Parker
(Address) Church Home

RIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date Nov 25 1938

NDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

LED 24 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938, to Nov. 22, 1938

I last saw her alive on Nov. 22, 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Carcinoma	July '38
Bronchopneumonia	11-20-38

Other contributory causes of importance

Arteriosclerosis, generalized, Myocardial degeneration

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. D. Whitwarth, M. D.

(Address)

F 52290

HEALTH DEPARTMENT—CITY OF BALTIMORE

52290

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2200 ROSLYN AVE. St., 15-8 Ward)

h of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME LOUISE BEULAH MILLER

(a) Residence: No. 2200 ROSLYN AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

married, widowed, or divorced
HUSBAND of
or) WIFE of CHARLES R. MILLER

TE OF BIRTH (month, day, year) JUNE 5, 1883

Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) YORK PA.
(State or country)

NAME RICHARD McCRONE

BIRTHPLACE (city or town) Pa.
(State or country)

MAIDEN NAME SABILLA McCOMAS

BIRTHPLACE (city or town) Pa.
(State or country)

FORMANT CHARLES R. MILLER
Address) 2200 ROSLYN AVE.

RIAL, CREMATION, OR REMOVAL

Place Green Mount Date Nov. 25. 1938

NDERTAKER John Mitchell & Sons
Address) 1900 Eutaw Place

ED Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 2 1st, 1938, to Nov 22nd, 1938.

I last saw h.r alive on Nov 22nd, 1938. Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Breast (R)	Feby 1937
Other contributory causes of importance: Metastases to lungs and bones, vertebrae, pleura, L. clav & humerus	Sept 1937

Was an operation performed? Yes Date of March 1st 1937

For what disease or injury? Carcinoma of the breast

Name of operation "Complete breast section"

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lauer P Hamburger M. D.

(Address) 1207 Eutaw Place

Dewees

52291 HEALTH DEPARTMENT—CITY OF BALTIMORE 52291

CERTIFICATE OF DEATH

124-13 52291

Registered No. 27-12

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 5720 York Road St., 27 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Samuel Conrad Dewees

If U. S. Veteran specify WAR

(a) Residence: No. 5720 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale.	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) Dec 1863

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Off

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Superior Court

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
State or country)

NAME Joseph R. Dewees

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Susanna Daugherty

BIRTHPLACE (city or town) Md
(State or country)

FORMANT Jno Conrad Dewees
(Address) 5720 York Road

RIAL, CREMATION, OR REMOVAL

Meyerhum - Sons Date 11/25/38

NDERTAKER John J. Fahey & Sons
(Address) 1201 Light St

LED 19 Huntington Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13th, 1938, to Nov. 23rd, 1938

I last saw him alive on Nov. 22, 1938 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1)- Cortico-Arterio Sclerotic Heart Disease.	5 yrs. ?
4)- Cirrhosis of Liver	3 yrs.
3)- Bronchio Pneumonia	3 days
Other contributory causes of importance	
2)- Secondary Anemia	6 months

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Earl L. Johnston, M. D.

(Address) 4108 Liberty Hts Ave

52294 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52292

94-a

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 234 N Patterson Park Ave St., 6-3 Ward)

How long in U. S. If of foreign birth? yrs. mos. da.

...h of residence in city or town where death occurred yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME George Julius Gail

(a) Residence: No. 234 N. Patterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	white	married

...married, widowed, or divorced
...USBAND of
...e) WIFE of Margarethe Gail

...E OF BIRTH (month, day, year) June 13 1872

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

...dustry or business in which work was done, as silk mill, saw mill, bank, etc.

...Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

...RTHPLACE (city or town) Baltimore
(State or country)

...NAME Emil Gail

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Christine Fendt

BIRTHPLACE (city or town) Germany
(State or country)

...FORMANT Margaretha Gail
(Address) 234 N Patterson Park Ave

...RIAL, CREMATION, OR REMOVAL

...Place Loudon Park Date Nov 25 1938

...NDERTAKER John Ullrich
(Address) 2008 Orleans St

...LED ...4 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1938 to Nov 22 1938

I last saw him alive on Nov 22 1938. Death is said to have occurred on the date stated above, at 8 55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic:	
Cer. Arteriosclerosis	
Cer. Hypertension	
Other contributory causes of importance:	
Angina Pectoris	
Acute Cardiac Dilatation	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. F. Reese M. D.

(Address) 156 N. Milton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 52293

CERTIFICATE OF DEATH

Registered No. 46-952293

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 7-5 St., Ward)

th of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella Lee Seagle

If U. S. Veteran specify WAR

(a) Residence: No. Pulaski St., Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

married, widowed, or divorced RUSBAND of or) WIFE of Wm

TE OF BIRTH (month, day, year) 11-14-91

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	0	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Va

NAME Lee Carter

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Ella Martin

BIRTHPLACE (city or town) (State or country) Va

FORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

RIAL, CREMATION, OR REMOVAL

Place Pulaski Va. Date Nov. 24, 19 38

NDERTAKER William J. Tickner & Sons
(Address) North & Pennsylvania Aves

LED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1938 to Nov 24, 1938

I last saw h.er alive on Nov 24, 1938 Death is said to have occurred on the date stated above, at 3.29 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma, retroperitoneal with metastasis to lumbar spine	2 yrs
Other contributory causes of importance: Bronchopneumonia	11/21/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Kretzman M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 52294

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2117 Dennison St. 13-4 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME A. Warren Edwards

(a) Residence: No. 2221 Ruskin Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married.

married, widowed, or divorced) HUSBAND of or) WIFE of Eliz. L. Kelly Edwards

E OF BIRTH (month, day, year) Feb. 21 1883

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	9	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Co.

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME States Edwards

BIRTHPLACE (city or town) (State or country) N. Y. State

MAIDEN NAME Johnson.

BIRTHPLACE (city or town) (State or country) Maryland.

FORMANT (Address) Eliz. L. Edwards 2221 Ruskin Ave.

RIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 11/26 1938

NDERTAKER (Address) C. Vernon Lippman 2611 Park Heights Ave.

ED 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1938 to Nov. 23 1938

I last saw him alive on Nov. 22 1938. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1	
2 Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elbert C. Dahlberg M. D.

(Address) 2245 Reisterstown Rd Balto Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52295

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 Ken Oak Ave St.) 27-15 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Sadie C. Dwyer.

(a) Residence: No. 2414 Ken Oak Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 28, 1856

6. Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

NAME John D. Dwyer

BIRTHPLACE (city or town) (State or country) Ireland.

MAIDEN NAME Frederica Wild.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Caroline C. Dwyer

(Address) 2414 Ken Oak Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/25, 1938

UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights Ave

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1938, to Nov. 23, 1938

I last saw her alive on Nov. 23, 1938. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis — Date of onset Sept 10/38

Other contributory causes of importance: apoplexy, (Non traumatic) 12 hrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sherman R. Wantz, M. D.

(Address) 2601 Manhattan Ave

52296 HEALTH DEPARTMENT—CITY OF BALTIMORE 5[illegible]

CERTIFICATE OF DEATH

121

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Maryland Gen. Hospital 11-3 Ward)

th of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 9 ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

If U. S. Veteran specify WAR [illegible]

FULL NAME John T. Tracey

(a) Residence: No. Parkton Maryland St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of er) WIFE of [illegible]

TE OF BIRTH (month, day, year) Aug 16, 1891 1891

E	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
	47	3	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pen RR

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME Thomas Tracy

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Laura Mann

BIRTHPLACE (city or town) (State or country) [illegible]

FORMANT Hosp Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place West Liberty Cem. Date Nov 26 1938

NDERTAKER Chenoweth & Son

(Address) 3615 Eberstuo Ave

LED [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1938, to November 24, 1938

I last saw h[illegible] alive on November 24, 1938 Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia or lung abscess	11-21-38
Other contributory causes of importance: Chronic appendicitis	1936

Was an operation performed? Yes Date of Nov 16, 1938

For what disease or injury? Chronic appendicitis

Name of operation appendectomy

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify [illegible]

(Signed) [illegible] M. D.

(Address) [illegible]

No. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

F 52297

52297

CERTIFICATE OF DEATH

124-B

PLACE OF DEATH

Registered No. F 52297

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 617 Glenwood ave Ward) 27-10

Length of residence in city or town where death occurred 10 yrs — mos — ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Eva L Stuller

(a) Residence: No. 617 Glenwood ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	married

married, ~~widowed, or divorced~~
(or) WIFE of John M Stuller

6. DATE OF BIRTH (month, day, year) Jan 18-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stuf. of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. our home
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Bessie Martin
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Ida May Hamlet
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT John M Stuller
(Address) 617 Glenwood ave
18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Grace Church Date Nov 26 1938
19. UNDERTAKER Edw C Wilson
(Address) Hampstead Md
Finnington Pittsburg, Pa
19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1935 to Nov 23 1938
I last saw her alive on Nov 23 1938 death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	11/21/38
Cirrhosis of the liver	2/1/35

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 1/20/35
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley L. Compton M. D.
(Address) 1014 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52298

CERTIFICATE OF DEATH

78

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hosp. St. 6-1 Ward)

th of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME HILDA RAMOS

(a) Residence: No. 5922 Kavon Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Francisco Ramos

TE OF BIRTH (month, day, year) Feb 16, 1904

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	11	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H/W

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Pa

. NAME Robert F. Small

. BIRTHPLACE (city or town) (State or country)

. MAIDEN NAME Annie M.

. BIRTHPLACE (city or town) (State or country)

FORMANT J. R. Small

(Address) 5922 Kavon Ave

RIAL, CREMATION, OR REMOVAL

to Loudon Mem. Pk. Date 11/25/38

NDERTAKER Harry F. Weitzel

(Address) 1401 Edmondson Ave

LED Huntington Williams, M.D.

NOV 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from NOV. 19, 1938, to NOV. 22, 1938

I last saw h[illegible] alive on NOV. 22, 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis - infectious ? W R submitted	NOV. 18
	over
Other contributory causes of importance: Lobar Pneumonia.	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? LAB. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John Jno. Bunting M. D.

(Address) University Hospital

52299 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52299

38967-PS

CERTIFICATE OF DEATH

131 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 14 Ward)

th of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? 7 yrs. yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Hattie Brown

(a) Residence: No. 1809 Etting St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Tom Brown

TE OF BIRTH (month, day, year) 8-02-1889

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Va.
(State or country)

NAME Joseph Henderson

BIRTHPLACE (city or town) Va.
(State or country)

MAIDEN NAME Betty ?

BIRTHPLACE (city or town) Va.
(State or country)

FORMANT B. C. H. Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Ashland, Va. Date Nov. 25 1938

NDERTAKER Mrs. Geo. A. Holland

(Address) 1621 Druid Hill Ave.

LED 19 H. Eugene Pettigrew, M.D. Registrar.

NOV 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14 1938 to November 22 1938

I last saw her alive on November 22 1938 Death is said to have occurred on the date stated above, at 7.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Ly. De Lautelle, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52300

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. GUILFORD APT. North Eighth St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 93 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME AMELIA HESS.

(a) Residence: No. GUILFORD APT. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMale	WHITE	SINGLE

If married, widowed, or divorced
WIFE of HUSBAND of
(or)

DATE OF BIRTH (month, day, year) APR. 15 1845

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	7	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

BIRTHPLACE (city or town) BALTIMORE
(State or country) MARYLAND

8. NAME FREDERICK HESS.

9. BIRTHPLACE (city or town) GERMANY
(State or country)

10. MAIDEN NAME MARY G. BECKER

11. BIRTHPLACE (city or town) GERMANY
(State or country)

INFORMANT MISS ALICE M REUTER

(Address) GUILFORD APT.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 25th 1938

UNDERTAKER W. E. Cook

(Address) 129 St Paul St

NOV 25 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1938 to Nov 23 1938

I last saw her alive on NOV. 23, 1938 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	SEP. 1937
Other contributory causes of importance: CORONARY OCCLUSION	

Was an operation performed? NO Date of

For what disease or injury? NO

Name of operation NO

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin R. Greenbaum M. D.

(Address) 3524 Greenmount Ave

52301 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52301

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs Annie Sheets

(a) Residence: No. Home for the Aged of the M. E. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Sheets

DATE OF BIRTH (month, day, year) Mar 15 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

NAME Thomas Bottingham

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Mary Mastofield

BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Etta Cuddy.

(Address) 2211 Rogers Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 25 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

NOV 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1938 to Nov 23, 1938

I last saw her alive on Nov. 22, 1938. Death is said to have occurred on the date stated above, at 11.25 m.

The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset

Other contributory causes of importance: Nephritis Chronic

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. C. Shannon, M. D.

(Address) 700 N. Fulton Ave

302
302

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52302

F 52302

CERTIFICATE OF DEATH

√ 13-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St 22-2 Ward)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Leland Brewer

If U. S. Veteran specify WAR

(a) Residence: No. 431 S Bacon St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 31, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jasper Brewer

14. BIRTHPLACE (city or town) (State or country) Rogersville Tenn.

15. MAIDEN NAME Juanita Holbrook

16. BIRTHPLACE (city or town) (State or country) High Point N. Ca.

17. INFORMANT Jasper Brewer

(Address) 431 S. Bacon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov 25th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED NOV 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1 day

Other contributory causes of importance: Acute Dysentery (Bacillary) 3 day

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 1360 Eutaw Place

303

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~F~~ 2303

F 52303

CERTIFICATE OF DEATH

303

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 1019 N. Fulton Ave St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lawrence Lyons

If U. S. Veteran specify WAR

(a) Residence: No. 1019 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa L. Lyons

TE OF BIRTH (month, day, year) Dec 6 1872

E	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	9	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer (Retired)

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mines

Date deceased last worked at this occupation (month and year) Oct 1938 | 11. Total time (years) spent in this occupation 35 yrs

RTHPLACE (city or town) (State or country) Baltimore Md

NAME Robert Lyons

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Mary Helen

BIRTHPLACE (city or town) (State or country) Baltimore Md

FORMANT Rosa L. Lyons
(Address) 1019 N. Fulton Ave.

RIAL, CREMATION, OR REMOVAL

Place London Cem. Date 11-25, 1938

NDERTAKER Jos. Cook
(Address) 1211 E. Oak St.

V 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1938 to Nov. 22, 1938

I last saw him alive on Nov. 22, 1938 Death is said to have occurred on the date stated above, at 2:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & cardio-vascular disease, with terminal thrombosis of cerebral artery and resulting right hemiplegia	1934
Other contributory causes of importance: Cerebral arteriosclerosis	Oct. 1938.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. Kendig Wallace M. D.

(Address) 2839 W. Belvedere Ave.

F 52304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52304

46-c

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1714 Guilford Ave. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME James Hunt

If U. S. Veteran specify WAR

(a) Residence No. 1714 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Lula Hunt

DATE OF BIRTH (month, day, year) Dec 29 1872

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Merchant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England

NAME John Thomas Hunt

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME Selina Dobson

BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs. J. Hunt

(Address) 1714 Guilford Ave.

BURIAL, CREMATION, OR REMOVAL

Place Auburn Cem. Date 11-26-38

UNDERTAKER

(Address)

FILED NOV 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938 to Nov. 24, 1938

I last saw him alive on Nov. 23, 1938. Death is said to have occurred on the date stated above, at 12:34 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prost. small & large intestines	1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3/25/38

For what disease or injury?

Name of operation Laparotomy

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James U. Todd, M. D.

(Address) 235 N. Fulton Ave

52305

F 52305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2906 Edmondson Ave 16-6 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Vena Rohr

If U. S. Veteran specify WAR

(a) Residence: No. 2906 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

(X)	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Married	White	Widow

If married, widowed or divorced WIFE (or HUSBAND) of Rudolph Rohr

DATE OF BIRTH (month, day, year) April 27th 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	28 26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same

8. Date deceased last worked at this occupation (month and year) Nov 10th

11. Total time (years) spent in this occupation Life

9. BIRTHPLACE (city or town) (State or country) Switzerland

10. NAME Has known

11. BIRTHPLACE (city or town) (State or country) Switzerland

12. MAIDEN NAME Yaknown

13. BIRTHPLACE (city or town) (State or country) Switzerland

14. INFORMANT Emmeroy Rohr

(Address) 2906 Edmondson Ave

15. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov 24 1938

16. UNDERTAKER Charles F Powell

(Address) 2427 Edmondson Ave

1938 Huntingtown, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1938 to Nov 23 1938

I last saw her alive on Nov 23 1938 Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis arteriosclerotic heart disease mitral insufficiency

Date of onset: Several Years

Other contributory causes of importance:

Cerebral hemorrhage

Date of onset: 2 weeks

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Mitchell M. D.

(Address) 2901 Edmondson Ave

2306 HEALTH DEPARTMENT—CITY OF BALTIMORE F52306

CERTIFICATE OF DEATH

92-a cc

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospitals Bay View St., S-2 Ward)

th of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John R. Muller

If U. S. veteran specify WAR

(a) Residence: No. 1867 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Barbara Muller

ATE OF BIRTH (month, day, year) Aug. 15-1891

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md.

NAME John Muller

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Pauline Hoff

BIRTHPLACE (city or town) (State or country) Balto. Md.

NFORMANT Mrs. Barbara Muller

(Address) 1867 N. Gay St.

URIAL, CREMATION, OR REMOVAL

Place National Date Nov 25th 1938

NDERTAKER Leo G. Cook

(Address) 1701 N. Patterson Park Ave

ILED 19

Registrar

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 Hr
Valvular heart disease	years
	Time

Other contributory causes of importance: Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 712 N. Broadway

2307 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 52307

CERTIFICATE OF DEATH

47-B

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

Y OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

FULL NAME Francis Clarence Bowersox If U. S. Veteran specify WAR WW

1841 1844

(a) Residence: No. 1614 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth K. Keyser

TE OF BIRTH (month, day, year) May 15, 1892

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. Co.

Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Richmond Va.

NAME James F. Bowersox

BIRTHPLACE (city or town) (State or country) Westminster Md.

MAIDEN NAME Mary Elizabeth Kraft

BIRTHPLACE (city or town) (State or country) Richmond Va.

FORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

RIAL, CREMATION, OR REMOVAL Balto National Date 11-25- 1938

NDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

ILED , 19 Registrar.

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1938 to November 22, 1938

I last saw h[illegible] alive on Nov. 22, 1938. Death is said to have occurred on the date stated above, at 1:32 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, bronchogenic,	
right lung	May '38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J. Palumbo, M. D.

(Address) U.S. Marine Hospital

52308 HEALTH DEPARTMENT—CITY OF BALTIMORE 52308

CERTIFICATE OF DEATH

Registered No. 34-82a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward)

th of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

FULL NAME Bertha Spriggs

(a) Residence: No. 2022 Madison Ave. St., ...Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of William

TE OF BIRTH (month, day, year) 1-20-1889 ?

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	10	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Knoxville, Tenn.

NAME Charles Bogdett

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME Ella Adams

BIRTHPLACE (city or town) (State or country) Tenn.

FORMANT B. B. H. Records

(Address)

RIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/26/38 19

NDERTAKER Archibald & Snyder

(Address) 2104 N. Fulton Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9 1938 to November 23 1938

I last saw her alive on November 23 1938. Death is said to have occurred on the date stated above, at 5:09 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-23-38
Other contributory causes of importance: Cerebral Hemorrhage	5-9-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. de Lamotte M. D.

(Address) Baltimore City Hospitals

1938

B. 1268-9

F 52309

2309 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Franklin Square Hosp St., 9-W (Ward)

h of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Viola Garrett

(a) Residence: No. 1829 Risgwith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Divorced

married, widowed, or divorced
HUSBAND of
e) WIFE of

TE OF BIRTH (month, day, year) Nov 29/1891

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore, Md
State or country)

NAME Unknown

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME McKenzie

BIRTHPLACE (city or town) Va
(State or country)

FORMANT Mrs Ruth Livingston
(Address) 1516 E Lanvale St.

RIAL, CREMATION, OR REMOVAL

Place Bolle Isle Date Nov 26, 19

NDERTAKER Philip Herwig Son
(Address) 2016 Madison Ave.

25 1938 Huntingtown Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1938, to Nov 22, 1938.

I last saw her alive on Nov. 22, 1938. Death is said to have occurred on the date stated above, at 7 50 A m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease

Date of onset ? ...

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M.D.

(Address) Franklin Square Hosp.

F 52310

HEALTH DEPARTMENT—CITY OF BALTIMORE 52310

CERTIFICATE OF DEATH

38985 (MB) 23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 7-5 Ward)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Harry L. Dill

(a) Residence: No. 620 N. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city nr town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 1/6/1902

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	10	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

NAME George A. Dill

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Louise Rukehart

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT City Hospital Baconia
(Address)

RIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 28 1938

NDERTAKER Philip Henry Sons

(Address) 2016 Fortieth St

ILED Nov 29 1938 Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14-1938 to 11-23-1938

I last saw him alive on 11-23-1938 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? yes Date of 11-21-38

For what disease or injury? Tuberculosis

Name of operation Revision Thoracoplasty Yes

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

11 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52311

CERTIFICATE OF DEATH

92-a cc

Registered No. 1577

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Balto. City Hospitals

TY OF BALTIMORE: (No. Bay View St., 12 Ward)

gth of residence in city or town where death occurred 3 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME George D. Dorn Jr.

(a) Residence: No. 429 E. 23 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Lorrie Dorn

ATE OF BIRTH (month, day, year) Aug. 16-913

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	3	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at

8. Date deceased last worked at this occupation (month and year) Dec. 1938 | 11. Total time (years) spent in this occupation 5 years

IRTHPLACE (city or town) (State or country) Baltimore Md.

NAME George D. Dorn Jr.

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Minnie McCue

BIRTHPLACE (city or town) (State or country) Balto. Md.

NFORMANT Mrs. Mamie Dorn Mother

(Address) 429 E. 23rd St.

URIAL, CREMATION, OR REMOVAL Date May 26, 1938

by Redemption

NDERTAKER Edwin W. Conkling & Son.

(Address) 9242 Eager St.

1938 Interred in Mt. Lebanon Cemetery, Balto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance: Valvular heart disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1717 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

52312

CERTIFICATE OF DEATH

129

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Maryland General Hospital St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME Catherine Mills

If U. S. Veteran specify WAR

(a) Residence: No. 633 Melville Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	Married

married, widowed or divorced) HUSBAND of (or) WIFE of Peter F.

TE OF BIRTH (month, day, year) April 23, 1874

E Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto. Md.

NAME Charles E. Forsey

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Mary Conklein

BIRTHPLACE (city or town) (State or country) Balto Md.

FORMANT Mrs. Mary Schafer

(Address) 633 Melville ave

URIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/26 19 38

NDERTAKER Richard F. Hurley

(Address) 700 E. Baltimore

LED Nov 26 1938 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1938 to Nov. 23 1938

I last saw h.e.r. alive on Nov. 23 1938 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Bronchopneumonia	11/20/38
Peritoneal adhesions	

Other contributory causes of importance:

Hypertension

Was an operation performed? yes Date of Nov. 15, 1938

For what disease or injury? Peritoneal adhesions

Name of operation Laparotomy and release of adhesions

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James B. Minnigerode M. D.

(Address) Maryland Gen. Hospital

F 52313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Robert Lee Holman

(a) Residence: No. 1349 Stricker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	colored	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 9/26/38

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
no's		1	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Balto., Md.
(State or country)

NAME Robert Lee Holman

BIRTHPLACE (city or town) Va
(State or country)

MAIDEN NAME Lucille Williams

BIRTHPLACE (city or town) Va.
(State or country)

FORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL Cremated
Place B. C. A. Date 11-23, 1938

NDERTAKER .....
(Address)

1938 Registered.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 11/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Nov 22, 1938.

I last saw h. M. alive on Nov. 22, 1938. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Enteritis	10/29/38
(Bacillus Proteus)	10/29/38
Secondary Anemia	11/19/38
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph M Cook M. D.

(Address) Balto City Hospitals

F 52314

52314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Md Gen Hosp St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs Martha P Jones

(a) Residence: No. 611 Lumbarton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Albert R Jones

TE OF BIRTH (month, day, year) Dec 13 1873

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

. NAME Samuel H Cole

. BIRTHPLACE (city or town) (State or country) Baltimore

. MAIDEN NAME Mary Fiske

. BIRTHPLACE (city or town) (State or country) Baltimore

FORMANT Louise Jones

(Address) 611 Lumbarton Ave

URIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 25 1938

NDERTAKER Albert S Amey Jr

(Address) 440 E North Ave

ILED Nov 25 1938 H. Hugh Feldmeier, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1938, to Nov 22, 1938.

I last saw h[illegible] alive on Nov 22, 1938 Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric obstruction, Probably malignant	?
Other contributory causes of importance: Bilateral bronchopneumonia	3 days

Was an operation performed? Yes Date of 11/18/38

For what disease or injury? Pyloric obstruction

Name of operation Posterior gastro enterostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward D Plassman M. D.

(Address) Md Gen Hosp

2315 Stankis F 52315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Mandel Ave St., 25 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Stankis.

(a) Residence: No. 3121 Mandel Ave St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

If married, widowed, or divorced (or) WIFE of Frank A Stankis.

DATE OF BIRTH (month, day, year) Dec ? 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	54	11	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov 10. 11. Total time (years) spent in this occupation Life.

BIRTHPLACE (city or town) (State or country) Lithuania.

13. NAME Jushinski.

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Mrs Frank. A Stankis

(Address) 3121 Mandel Ave.

BURIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Date NOV 26. 1938

UNDERTAKER Joseph Hammaker & Son

(Address) 602 Washington Blvd.

Filed NOV 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23. 1938 to Nov 23. 1938

I last saw her alive on Nov 23. 1938. Death is said to have occurred on the date stated above, at 11 I P m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis. — Date of onset Nov 22.

Other contributory causes of importance: Cardiac Hypertension — 2 yrs.

Name of operation None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, how?

(Signed) Thaumus Wheeler M. D.

(Address) 2710 Hollins Ferry Rd.

2316 F 52316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2625 W. Calvert Street St. 11-3 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME William Nordhoff

(a) Residence: No. 817 W. Howard Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Redmond Nordhoff

DATE OF BIRTH (month, day, year): September 6-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Interior Decorator

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

Date deceased last worked at this occupation (month and year): Nov. 1938

11. Total time (years) spent in this occupation: 41

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

8. NAME of father: George C. Nordhoff

9. BIRTHPLACE (city or town) (State or country): Germany

10. MAIDEN NAME of mother: Elise Doerr

11. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs. Alta Veach

(Address): 305 Overhill Road

BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Cem. Date: Nov 26th, 1938

UNDERTAKER: Wm. J. Tielmer & Sons.

(Address): North & Penna Ave.

FILED: 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1938 to Nov. 23 1938

I last saw him alive on Nov 23 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	11/23/38
Other contributory causes of importance: Uremic Coma	11/37
Senile Nephrosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 16 Randall St.

2317 F 52317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 13-B

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

th of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Caroline Webster

(a) Residence: No. Deals Island, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Feb 1938

E	Years	Months	Days	If LESS than 1 day hrs. or min.
		9		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Md.
(State or country)

NAME Bennett Webster

BIRTHPLACE (city or town) Maryland
(State or country)

MAIDEN NAME Virginia Burton

BIRTHPLACE (city or town) Maryland
(State or country)

FORMANT Bennett Webster

(Address) Deals Island Md

URIAL, CREMATION, OR REMOVAL

Place Deals Island Date Nov. 26 1938

NDERTAKER Geo. A. Fardley

(Address) Fagelle & Fullerton

Funeral Director

ILED Registrar

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1938, to November 25, 1938

I last saw her alive on November 25, 1938. Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery (Flexner Y)	Oct. 1938
Bronchopneumonia	11/23/38
Other contributory causes of importance:	
Otitis Media	11/12/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M. Georges M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52318 3217108 F 52318

Registered No.

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-E Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Rufus H. Simpkins

(a) Residence: No. 318 Abercorn St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Simpkins

DATE OF BIRTH (month, day, year) 4-12-1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

8. NAME Joseph

9. BIRTHPLACE (city or town) (State or country) N. C.

10. MAIDEN NAME Frances

11. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT B. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/26/38

UNDERTAKER A. S. LeRoy

(Address) 1500 Eutaw St.

FILED NOV 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1938, to November 23, 1938

I last saw him alive on November 23, 1938. Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-12-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeHaviland M. D.

(Address) Baltimore City Hospitals

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52319 CERTIFICATE OF DEATH 165 F 52319

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 11-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.
U. S. Veteran
Specify WAR

2. FULL NAME Cecile Goldstein
(a) Residence: No 1223 N Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: David L Goldstein
7. DATE OF BIRTH (month, day, year): 2-26-1900
8. AGE: 38 Years | Months: 8 | Days: 25 | If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): California
13. Name: Charles Patterson
14. BIRTHPLACE (city or town) (State or country): Oklahoma U.S.A.
15. MAIDEN NAME: Lybil Winstead
16. BIRTHPLACE (city or town) (State or country): Oklahoma U.S.A.
17. INFORMANT: David L Goldstein
Address: Detroit, Mich.
18. DISPOSITION: Cremation etc. Date of removal: 11-25-38
Date of burial: 11-28-38
19. UNDERTAKER: Jack Cain Inc
Address: 1429 E. Baltimore St
Huntington Pennsylvania
20. FILED: NOV 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-21-38, 19
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by such Inquiry find that said deceased came to her death on the day stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by ligature	Nov 20, 38

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Nov. 20, 1938
Where did injury occur? 1223 N Charles St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Home
Manner of injury: Hung herself by fastening cord.
Nature of injury: Strangulation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Wolfe, M. D.
(Address) 1331 E. North Ave

320

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 52320

CERTIFICATE OF DEATH

93-C

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 229 N Carlton St. 18-W Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Marie Gross

(a) Residence: No. 229 N Carlton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widow

If married, widowed, or divorced HUSBAND of (or WIFE of) James Gross

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66?	—	—	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St Leonards Calvert Co.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Anna May Lucas.

(Address) 242 N Arlington Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Nov 25 1938

UNDERTAKER Chas. H. Woodfin

(Address) 514 N. Calvert St

Huntington Funeral Home, Inc.

NOV 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to Nov. 22, 1938

I last saw h.e alive on 21, 1938 Death is said to have occurred on the date stated above, at 1:46 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

myocardial degen.
chronic nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Walter Haughton M. D.

(Address) 201 N Caroline St

54743

HEALTH DEPARTMENT—CITY OF BALTIMORE 52321

CERTIFICATE OF DEATH

V 108

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

TY OF BALTIMORE: (No. 5-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard Orloff

If U. S. Veteran specify WAR

(a) Residence: No. 5 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 9/2/92

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attendant Hotel

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) md.
(State or country)

2. NAME Richard Orloff

4. BIRTHPLACE (city or town)
(State or country) md.

5. MAIDEN NAME Elizabeth ?

6. BIRTHPLACE (city or town)
(State or country) Canada

NFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL
Place Int Chest Date Nov 25 38

NDERTAKER William Cook
(Address) 1217 Eastern Ave

FILED NOV 25 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1938, to Nov 23, 1938

I last saw him alive on Nov 23, 1938. Death is said to have occurred on the date stated above, at 12.20 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia all lobes	Nov 12
due to Friedländer's bacillus	
Pericarditis, Pleural effusion	
	WW

Other contributory causes of importance:

Malnutrition	
addiction to alcohol	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood sputum and Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Florence Baldinger M. D.

(Address) Johns Hopkins Hospital

F 58328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

PLACE OF DEATH Maryland Gen'l. Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Life St. 13-7 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Charles C. Szczebiski

(a) Residence: No. 4022 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Szczebiski

DATE OF BIRTH (month, day, year) November 23-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33		1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1052

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Joseph Szczebiski

13. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mudaileine Klos

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Catherine Szczebiski
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Margaret's Date Nov 26 - 1938

UNDERTAKER J. S. Wagg Falls Rd
(Address)

FILED 11 25 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10-11, 1938 to 11-24, 1938

I last saw him alive on 11-24, 1938 Death is said to have occurred on the date stated above, at 2:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholic (multiple) Neuritis	
Other contributory causes of importance: Respiratory Failure	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) G. L. Lewis, M. D.

(Address) Md. Gen'l. Hosp.

F 52323

2323 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 182-a

1. PLACE OF DEATH Mt Sinai Hospital St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Mrs Martha F. Myers

(a) Residence: No. 2312 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Rud. Rudolph H. Martin

6. DATE OF BIRTH (month, day, year) Feb 5 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Adam Fach

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Katherine Stein

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Mr Carl F Myers

(Address) 2312 W Lanvale

17. BURIAL, CREMATION, OR REMOVAL

Place Interred Date Nov 27 1938

18. UNDERTAKER Charles P Powell

(Address) 2427 Edmondson Ave

Huntington Fitzgerald, Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hamm M. D.

Coroner

(Address) 12 E Franklin

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 52324

CERTIFICATE OF DEATH

95 13

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Leon or Passante (also known as Leon Passante)

If U. S. Veteran specify WAR

(a) Residence: No. 911 Stiles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosie

6. DATE OF BIRTH (month, day, year): 8-8-~~1872~~ 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	~~10~~ 3	~~5~~15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): None, Italy

13. NAME: Pete

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Tresna Polito

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: B. V. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Nov. 26-38

19. UNDERTAKER: Wendell Hupper Jr.

(Address) Has. Eastern Ave

20. FILED NOV 25 1938 19 Clayton Fellows Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20 1938 to November 23. 1938

I last saw ~~him~~ alive on November 23 1938. Death is said to have occurred on the date stated above, at 4:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Lautella M. D.

(Address) Baltimore City Hospitals

GHS

—1-12-23—M&T—500 Blks.

325

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52325

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3919 Parkside Drive ST., 27-1 WARD)

2-FULL NAME John D. Clare

(a) RESIDENCE NO. 3919 Parkside Drive ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence R. Clare

DATE OF BIRTH (month, day, and year) June 13, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	83	5	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Eastern Casket Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Saluda Va

10 NAME OF FATHER John D. Clare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Va.

12 MAIDEN NAME OF MOTHER Lucy Frevelyan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Va.

Informant Mr. Robert T. Clare

(Address) 3919 Parkside Drive Balto

NOV 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23 1938

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Nov 23, 1938, that I last saw him alive on 11/13 1938, and that death occurred, on the date stated above, at 1:35 p.m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Murat Willis M. D.

11/24 1938 (Address) 3323 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov. 26 1938

20 UNDERTAKER Thomas D. Singleton

ADDRESS Glen Burnie Md.

F 52326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH 6105 Maywood Ave., St. 27-15 Ward)

CITY OF BALTIMORE: (No. Mt. Washington

Length of residence in city or town where death occurred 41 yrs. 7 mos. 18 dys. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... dys.

If U. S. Veteran specify WAR .....

FULL NAME Else Melamet Schmidt

(a) Residence: No. 6105 Maywood Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl W. Schmidt.

DATE OF BIRTH (month, day, year) April 6, 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	7	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 37
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
10. NAME David S. Melamet
11. BIRTHPLACE (city or town) (State or country) Germany
12. MAIDEN NAME Annie Wirsing
13. BIRTHPLACE (city or town) (State or country) South Africa
14. INFORMANT Mr. Carl W. Schmidt.
(Address) 6105 Maywood Ave.
15. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov. 26, 1938
16. UNDERTAKER Henry W. Meuser & Son
(Address) 802 W. Calvert St.
17. FILED Nov 26 1938 Hattie Fox Wilson, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1938, to 11/24, 1938.
I last saw h. 27 alive on 11/18, 1938. Death is said to have occurred on the date stated above, at 3:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF BREAST	1930 (?)

Other contributory causes of importance

Was an operation performed? Yes Date of 11/38
For what disease or injury? CA. OF BREAST
Name of operation
What test confirmed diagnosis? BIOPSY Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John L. Jones M. D.
(Address) 1129 St. Paul St

Graham

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52327

52327

CERTIFICATE OF DEATH

95-B

F 52327

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thomas Graham

If U. S. Veteran specify WAR

(a) Residence: No. 861 E. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-2-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME OF FATHER Peter

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Rossanne Millholland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT [illegible]

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 11/28 1938

19. UNDERTAKER John J. Fahey & Sons

(Address) 1131 E. Biddle St.

NOV 25 1938

Huntington Millcreek, Md.

19. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1938 to November 24, 1938

I last saw him alive on November 24, 1938. Death is said to have occurred on the date stated above, at 6:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

F 52328 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52328

F 52328

93-CF 52328

CERTIFICATE OF DEATH

27-10

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 526 Beaumont ave St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Joseph Adolph Ruffer

(a) Residence: No. 526 Beaumont ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary L Lenhert

6. DATE OF BIRTH (month, day, year) Dec. 24-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Ruffer

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Mary Lenhert

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Anna Ruffer

(Address) 526 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem-Brooklyn Date 11/26, 1938

19. UNDERTAKER John J Foley & Son

(Address) 1510 Lynnhurst St

Huntington Station, N.Y.

NOV 25 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Nov 22, 1938

I last saw him alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 1045P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance: Arteriosclerosis & Myocarditis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Julian A. Schwartz M. D.

(Address) 1334 S. Charles Ave

ALBERT OZIER

HEALTH DEPARTMENT—CITY OF BALTIMORE

52329

CERTIFICATE OF DEATH

95-B F 52329

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hospt. St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Albert Ozier

If U. S. Veteran specify WAR

(a) Residence: No. 3306 Keswick rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara E.

ATE OF BIRTH (month, day, year) 1-27-1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) New Hampshire
(State or country)

13. NAME Napoleon

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME Marie Hebert

16. BIRTHPLACE (city or town) Canada
(State or country)

INFORMANT B. C. S. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Mays Monday Date Nov 26, 1938

UNDERTAKER Chenoweth
(Address) 345 N. Eutaw Place

FILED NOV 25 1938 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1938 to November 24, 1938

I last saw him alive on November 24, 1938. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Hypertensive cardiovascular disease	1932
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. R. de Santelle M. D.
(Address) Baltimore City Hospitals

. B 1268-07

Mrs Olivia Dorsey Gallespie

30

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 52330

CERTIFICATE OF DEATH

✓ 93-c

PLACE OF DEATH Aged Women's Home.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., 19-2 Ward)

th of residence in city or town where death occurred 5/12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mrs. Olivia Dorsey Gillespie

(a) Residence: No. Aged Women's Home St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Charles A. Gillespie

DATE OF BIRTH (month, day, year) Jan. 4 1846.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	10	1/21	

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At the Home

14. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

15. Date deceased last worked at this occupation (month and year) ✕ | 16. Total time (years) spent in this occupation ✕

17. BIRTHPLACE (city or town) (State or country) Md

18. NAME James R. Dorsey

19. BIRTHPLACE (city or town) (State or country) Md

20. MAIDEN NAME Roxanna Shipley

21. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Aged Women's Home

(Address) 1400 W. Lexington ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 28 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

NOV 26 1938 Hunting [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th 1936 to Nov 25th 1938

I last saw h[illegible] alive on Nov 25th 1936 Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Senility + General debility.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Friedman M. D.

(Address) Franklin Square Hospital

231

HEALTH DEPARTMENT—CITY OF BALTIMORE 52331

CERTIFICATE OF DEATH

46-C

PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St., 12-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Edwin S. White

(a) Residence: No. 321 E 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 3rd 1886

AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
52	6	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Business

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ryan-Beaton Co

8. Date deceased last worked at this occupation (month and year) 11/38

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Balto Md

9. NAME Edwin F. White

10. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rosetta S. A. Session

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Rosetta S. A. Session

(Address) 321 E. 33rd St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 28th 1938

UNDERTAKER Wm Cook

(Address) 27 E Preston St

FILED 11-26-1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1938, to November 25, 1938.

I last saw him alive on November 21, 1938. Death is said to have occurred on the date stated above, at 11:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	

Other contributory causes of importance:

Carcinosis Peritonei

Was an operation performed? Yes Date of November 14, 1938

For what disease or injury? Carcinoma of Colon

Name of operation Colostomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William S. Thompson M. D.

(Address) Md. General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52332

CERTIFICATE OF DEATH

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 N. Charles St. 12-5 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Fannie J. Arbaugh

(a) Residence: No. 2010 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 25 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pension
8. Date deceased last worked at this occupation (month and year) July 1935
11. Total time (years) spent in this occupation 1 yr.

9. BIRTHPLACE (city or town) (State or country) Carroll Co Md

10. NAME Amos M. Arbaugh

11. BIRTHPLACE (city or town) (State or country) Md

12. MAIDEN NAME Emma V. Hamilton

13. BIRTHPLACE (city or town) (State or country) Md

14. INFORMANT Emma V. Arbaugh

(Address) 2010 N. Charles St

15. BURIAL, CREMATION, OR REMOVAL Place Church of God Date Nov 28 1938

16. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

17. FILED 19 Registrar

NOV 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Nov. 25 1938

I last saw h. w alive on Nov. 4 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1934
Other contributory causes of importance: Senile Chronic Nephritis of 5 years	2/14/35

Was an operation performed? No Date of

For what disease or injury? Supposed operation for rectal carcinoma

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Lockard M. D.

(Address) 711 W. Lanvale St

Reaver

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52333

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 N. Fulton Ave. St., 15 Ward)

Registered No. 94-D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Reaver

If U. S. Veteran specify WAR

(a) Residence: No. 2119 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence M. Reaver

6. DATE OF BIRTH (month, day, year) Jan 3, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ernie Kaye

10. Date deceased last worked at this occupation (month and year) 6/23/36

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Mt Airy Md.

13. NAME Charles Reaver

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Mary E. Shipley

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Mrs. Lois E. Reaver

(Address) 2119 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Nov 28 1936

19. UNDERTAKER Wm Cook

(Address) 247 St Paul St

FILED 19 Registrar

NOV 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 11 46 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	1/2

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kaan, M. D.

Coroner

(Address) 125 Hanover

34 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52334

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 E Kennard Ave 6-3 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME William Justice Reitze

(a) Residence: No. 132 E Kennard Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Reitze

6. DATE OF BIRTH (month, day, year) Nov. 19. 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Laundry Co

10. Date deceased last worked at this occupation (month and year) Jan 1938 | 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Justice Henry Reitze

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa Thies

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edna Reitze

(Address) 132 E Kennard Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11-26 1938

19. UNDERTAKER J. Wm Cook

(Address) 1217 E Fayette St

20. FILED NOV 26 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1933 to Nov 24, 1938

I last saw him alive on Jan 5, 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Coronary Occlusion	Nov 24/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fenton G Longstaff M. D.

(Address) 1613 E Fort Ave

F 52335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2048 Orleans St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Spencer Robinson

(a) Residence: No. 2048 Orleans St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 10 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME Spencer Robinson

11. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. MAIDEN NAME Margaret Lain

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

14. INFORMANT Mary E Hand

(Address) 915 N Pentalon St

15. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/26 1938

16. UNDERTAKER Wilson Lord

(Address) 1219 E Fayette

17. FILED 11/26 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1938 to Nov 24 1938

I last saw him alive on Nov 23 1938 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 Days
Other contributory causes of importance: Pulmonary Tuberculosis	4 Yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gerard Lord M. D.

(Address) 30 E Baltimore

F 52336 F 52336 F 52336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1498-107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 26-2 St. W 11th)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Mrs Eleanor Boos

(a) Residence: No. 502 Gunther Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Raymond Boos

DATE OF BIRTH (month, day, year) Sept 17, 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
9. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

10. BIRTHPLACE (city or town) Turkey Pt.
(State or country) Maryland

12. NAME OF FATHER Albert Stacy

13. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME OF MOTHER Minna Kuehn

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Raymond Boos
(Address) 502 Gunther Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 26, 1938

19. UNDERTAKER J. H. Dugan
(Address) 1300 Harford Ave

DATE RECEIVED NOV 26 1938 Huntington Funeral Home
(Name of Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1938, to 11-24, 1938.

I last saw her alive on 11-24, 1938. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, atelectasis	11-23
Other contributory causes of importance: Delivery of Child	11/23/38 5-A.M.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard J. Sabatino M. D.

(Address) St Joseph Hospital

SABATINO

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52337

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Bloom St. 11-3 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ercula Regina Washington

(a) Residence: No. 556 Bloom St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Joseph Washington

DATE OF BIRTH (month, day, year) March 13. 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 11/18.38

11. Total time (years) spent in this occupation 8yrs

9. BIRTHPLACE (city or town) Baltimore
(State or country)

10. NAME Charles Smith

11. BIRTHPLACE (city or town) Maryland
(State or country)

12. MAIDEN NAME Elouise Greene

13. BIRTHPLACE (city or town) md
(State or country)

14. INFORMANT Elouise Smith

(Address) 556 Bloom St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date 11-26-38

UNDERTAKER Hurd S. Nelson

(Address) 1303 Pennsylvania Ave

FILED NOV 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938 to Nov 22, 1938

last saw h. alive on Nov 22, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia.	11/19.38
Other contributory causes (importance): La Grippe (ambulatory).	11/15.38

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Pressbw ave

2338 HEALTH DEPARTMENT—CITY OF BALTIMORE 52338

CERTIFICATE OF DEATH

92-a cc

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Hosp 1613 Lakewood Ave St., 3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Boone If U. S. Veteran specify WAR

(a) Residence: No. 1613 E. Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Susan Boone

6. DATE OF BIRTH (month, day, year) Nov. 10 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62		1013	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER William G. Boone

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME OF MOTHER Ann Reid

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ernest L. Boone Son
(Address) 307 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Mem Date Nov. 26 1938

19. UNDERTAKER Stephen Featherstone Inc
(Address) 1000 E. Lanvale Ave

Huntington Indiana
Registrar

FILED NOV 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1938

22. I HEREBY CERTIFY, That I took charge of the (entire) deceased above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
did on the 23 day of Nov. 1938 find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Other contributory causes of importance: Valvular heart disease	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1717 N. Broadway

F 52339 Gales F 52339

HEALTH DEPARTMENT—CITY OF BALTIMORE F 52339

CERTIFICATE OF DEATH

107-a 18618-PS

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Gales

If U. S. Veteran specify WAR

(a) Residence: No. 7 N. Population St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 4-5-1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John Williams

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Carry Dawn

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/26 38

UNDERTAKER William A Jackson
(Address) 916 Pennsylvania Ave

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1935 to 11-24, 1938

I last saw her alive on 11-24, 1938. Death is said to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene rt. foot	4 Months
Broncho Pneumonia	2 days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-12-38

For what disease or injury?

Name of operation Amputation right leg

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

52340 Dr. Evans - W 4th St for ✓ F 52340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3817 Hickory Ave St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Krebs.

U.S. Veteran (Specify WAR)

(a) Residence: No. 3817 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 5, 1883.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55.	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME Daniel Krebs.

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary Lucabaugh.

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Jeremiah D. Krebs.
(Address) 3323 Chestnut Ave.

BURIAL, CREMATION, OR REMOVAL
Forest Ridge Date Nov 28, 1938

UNDERTAKER Hepnowell Son.
(Address) 3615 Chestnut Ave

FILED Nov 26 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Degeneration	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Evans M. D.
Coroner
(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

2341

F 52341

160-B

CERTIFICATE OF DEATH

. PLACE OF DEATH

TY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Boy Peters

If U. S. Veteran specify WAR

(a) Residence: No. 1501 E. 33rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) Nov 25-1938

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 hrs. or 30 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Albertus R. Peters

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Wilda M. St. Thomas

16. BIRTHPLACE (city or town) (State or country) Balto

NFORMANT Albertus R. Peters

(Address) 1501 E 33rd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 26, 1938

UNDERTAKER John Ulbrich

(Address) 2005 Eutaw

FILED , 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938, to Nov 26, 1938

I last saw him alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 3:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	11/25/38
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lewis P. Klenbmeti M. D.

(Address) Md. Gen. Hosp.

2342 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52342

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 E 29 th St., 9-6 Ward)

Length of residence in city or town where death occurred 85 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME John Huber

(a) Residence: No. 1613 E 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E Huber

6. DATE OF BIRTH (month, day, year) Feby 16 - 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Decorator

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation Life Time

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Christian Huber

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME OF MOTHER Anna Moore

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jos R Cooper

(Address) 1610 E 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 28 1935

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans

20. FILED Nov 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1928, to Nov 25, 1928

I last saw him alive on Nov 14, 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 25

Other contributory causes of importance: Myocarditis & Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest Simmons M. D.

(Address) 1216 Maryland Ave

2343

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 52343

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Balto. Gen Hosp

CITY OF BALTIMORE: (No. ..... St. 25-3 Ward)

Length of residence in city or town where died ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

VALDIA

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Velma V Orrison

(a) Residence: No. 2276 Annapolis Road (Westport) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Leslie H Orrison

6. DATE OF BIRTH (month, day, year) Oct 17 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME OF FATHER Andrew J. C. Thompson

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME OF MOTHER Nannie Troy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Leslie H. Orrison

(Address) 2276 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL Oliver Cem Frederick Md Nov 29 38

19. UNDERTAKER Bernard E Harke

(Address) 121 E West St

20. FILED 11-26 1938 Huntington Ferguson Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-8 1938 to 11-25 1938

I last saw her alive on 11-25 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, left lower lobe	11-22-38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Louis J. Kurtz, M. D.

(Address) South Balto. Gen. Hosp.

Lombardi ✓

F. D. 1268-9

2344 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52344

CERTIFICATE OF DEATH 122B

PLACE OF DEATH Franklin Sq. Hosp. St., 22-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Luigi Lombardi

(a) Residence: No. 47 E. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

If married, widowed, or divorced
HUSBAND of (or) WIFE of Smeralda Lombardi

ATE OF BIRTH (month, day, year) June 30 1884

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 4 t

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Vasto Girardi Italy

3. NAME Domenico Lombardi Italy

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME Lucia Lombardi Italy

6. BIRTHPLACE (city or town) (State or country)

NFORMANT Smeralda Lombardi (Wife)
(Address) 47 E. Montgomery St.

BURIAL, CREMATION, OR REMOVAL
Pla Holy Redeemer Cem. Date Nov. 28 . 1938

UNDERTAKER Frank Della Nocce
(Address) 52 N. Wesley St.

1938 Hunt & Kier, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25- . 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, . 1938 to Nov. 25, . 1938

I last saw h~~im~~ alive on Nov. 25, . 1938 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Type III) (Post-operative)	

Other contributory causes of importance: Intussusception of small intestine

Name of operation Enterostomy, Appendectomy, Resection of small intestine Date of Nov. 19

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Hirschmann, M. D.

(Address) Franklin Sq. Hosp.

2345 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52345

CERTIFICATE OF DEATH

82a

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3531 E. Fairmount Ave. St. 26-E Ward)

gth of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

FULL NAME Anna Lena DeGroot

(a) Residence: No. 3531 E. Fairmount Avenue St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William DeGroot

ATE OF BIRTH (month, day, year) Dec. 8th 1887

GE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	50	11	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Zimmerman

14. BIRTHPLACE (city or town) (State or country) Balto. County Md.

15. MAIDEN NAME Anna Zaiser

16. BIRTHPLACE (city or town) (State or country) Balto. County Md.

NFORMANT Mrs. Anna Zimmerman
(Address) 513 N. Monroe Street

URIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date Nov. 23. 1938

NDERTAKER Henry Sander & Son, Inc. Per J. Sander
(Address) Baltimore St. & Broadway

ILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1938 to Nov 23 1938

I last saw her alive on Nov 23, 1938 Death is said to have occurred on the date stated above, at 3:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11/21/38
Other contributory causes of importance:	
Acute edema of lungs	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Edgar Zellers M. D.

(Address) 2739 Eastern Ave.

F 52346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Lyndhurst St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gertrude Dashiell

If U. S. Veteran specify WAR

(a) Residence: No. 314 Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard Dashiell

DATE OF BIRTH (month, day, year) Sept. 22 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Valentine B Clements

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary L Embert

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Richard M Dashiell

(Address) 314 Lyndhurst St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 28 1938

UNDERTAKER Chas E. Franck

(Address) 502 Madison Ave

FILED Nov 26 1938 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Month 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937, to Month 24. 1938.

I last saw h. alive on Month 23. 1938. Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardiac -
vascular disease
Diabetes
Bronchopneumonia - Terminal

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) Chester E. Frey M. D.

(Address) 3503 Edmondson Ave

347

HEALTH DEPARTMENT—CITY OF BALTIMORE 52347

CERTIFICATE OF DEATH 1063

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 Northern Parkway St., 27-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Schmitt

If U. S. Veteran specify WAR

(a) Residence: No. 733 Northern Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Bohn Schmitt

6. DATE OF BIRTH (month, day, year) Aug. 15, 1859.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
79	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6th

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Schmitt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katherine Schmitt
(Address) 733 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date Nov. 29/38

19. UNDERTAKER Harry F. Kuhtze
(Address) 1101 Edmondson Ave.

20. FILED NOV 26 1938 H. F. Kuhtze Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10 - 1936 to Nov 25, 1938

If last saw him alive on Nov 23, 1938 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Pyelonephritis	June 1936
Myocardial Insufficiency	

Other contributory causes of importance:
Cerebral Arteriosclerosis
Edema

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Reyer Jr. M. D.
(Address) 1261 N. Milton Ave.

48 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52348

CERTIFICATE OF DEATH

31958 (12)-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-4 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Moses Tubman

(a) Residence: No. 137 W. Chapel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca

DATE OF BIRTH (month, day, year) 3/27/1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85	85	7	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Md.
(State or country)

10. NAME Unknown

11. BIRTHPLACE (city or town) Md.
(State or country)

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) Md.
(State or country)

14. INFORMANT City Hospital Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Early 11/27 19 38

16. UNDERTAKER By Franz Wagner & Sons 1219 Mt. Calvary Ave
(Address)

11/26 1938 Hunting for Interment, Not Clear

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938 to November 23, 1938

I last saw him alive on November 23, 1938. Death is said to have occurred on the date stated above, at 7:32 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-19-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Lee Hayfields M. D.

(Address) Baltimore City Hospitals

2349 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52349

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 E. 30th St. St., 9-th Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma J. Baker

(a) Residence: No. 616 E. 30 th. St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Baker

DATE OF BIRTH (month, day, year) Oct. 20 - 1853

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. Bohlitz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sarah Dailey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Neila Ward

(Address) 616 E. 30 th. St.

BURIAL, CREMATION, OR REMOVAL

Place Eastern Cem. Date Nov. 25-38

UNDERTAKER John A. Melby

(Address) 2634 Jefferson St.

FILED Nov 26 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1938 to November 23, 1938

I last saw her alive on November 22, 1938. Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11/23/38
Other contributory causes of importance: Arterio-Sclerosis generalized	Years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Hansen M. D.

(Address) 20 E. Preston Street.

F 52350

50 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1958 Annapolis Ave 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Preston J. Martin

If U. S. Veteran specify WAR

(a) Residence: No. 1958 Annapolis Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Martin

DATE OF BIRTH (month, day, year) June 6 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME Douglas Martin

13. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Maggie

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Irene Martin

(Address) 1958 Annapolis Ave

BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Nov 29 1938

UNDERTAKER Edward Fonesca

(Address) Wash. Blvd

Nov 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or, Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Nov 25

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Hanna M. D. Coroner

(Address) 1822 W Baltimore St

2351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52361

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Ruth Owens

If U. S. Veteran specify WAR

(a) Residence: No. Robins Station St., Maryland Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1935

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
3	8	7	6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Cedar Park, Md.
(State or country)

13. NAME Jesse Owens

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Pearl M. Lawson

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Mrs. Pearl Owens
(Address) Robinson Motor Rt.

18. BURIAL, CREMATION, OR REMOVAL
Place Lawsonia Cem. Date Nov. 27, 1938

19. UNDERTAKER Howard E. Bledsoe Jr.
(Address) 4914 Belair Road

20. FILED Nov. 28, 1938 Registrar.

NOV 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938 to Nov. 25, 1938

I last saw her alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Diphtheria	
Laryngeal Diphtheria	11/23/38
Other contributory causes of importance:	
Cardiac Failure	11/23/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morgan G. Hill, M. D.

(Address) Sydenham

52 F 52352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 S. ROBISON ST. St., 1-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME BARBARA RUTKOWSKI

(a) Residence: No. 319 S. ROBINSON ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN RUTKOWSKI

7. DATE OF BIRTH (month, day, year) AUG. 27/ 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) CZECHOLOVAKIA

13. NAME JOSEPH KALAL

14. BIRTHPLACE (city or town) (State or country) CZECHOSLOVAKIA

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) CZECHOSLOVAKIA

17. INFORMANT MARIE O'LERRY

(Address) 319 S. ROBINSON ST.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date NOV. 28, 38

19. UNDERTAKER Lilly & Zeilenbach

(Address) 405 S. WOLFE ST.

20. Filed NOV 26 1938 Registrar Huntington Pollard, M.D.

GPG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1938 to Nov. 24, 1938

I last saw her alive on Nov. 24, 1938 Death is said to have occurred on the date stated above, at 10/15 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Joseph Fontaine M. D.

(Address) 441 S. Ellwood Ave

53 HEALTH DEPARTMENT—CITY OF BALTIMORE 52353

CERTIFICATE OF DEATH V 162

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 146 S. ELLWOOD AVE St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ANNIE SAVAGE

If U. S. Veteran specify WAR

(a) Residence: No. 146 S. ELLWOOD AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

If married, widowed, or divorced
HUSBAND of (or) WIFE of THOMAS H. SAVAGE

6. DATE OF BIRTH (month, day, year) JUNE 7/ 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) BROOKLYN
(State or country) N. Y.

12. NAME ROBERT MAC. DONALD

14. BIRTHPLACE (city or town) SCOTLAND
(State or country)

15. MAIDEN NAME HANORA TAYLOR

16. BIRTHPLACE (city or town) WALES
(State or country)

INFORMANT THOMAS. SAVAGE
(Address) 146 S. ELLWOOD AVE.

BURIAL, CREMATION, OR REMOVAL
Place LORRIANE Date NOV. 28 [illegible]

UNDERTAKER Lillie & Zuelsdorf
(Address) 403 W. WORDEN ST.

FILED ..... 19.. Huntington Williams, 1938
Registrar.

NOV 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from old Cons 38 to Nov. 25 38

I last saw h[illegible] alive on Nov. 25 38 Death is said to have occurred on the date stated above, at 3/ 15 P.m.

The principal cause of death and related causes of importance [illegible]:

	Date of onset
debility of age	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Joseph Toomey M. D.

(Address) 441 S. Ellwood Ave

52354 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52354

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Schech, Sr. (39278)

If U. S. Veteran specify WAR

(a) Residence: No. 3604 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

DATE OF BIRTH (month, day, year) October 25, 1898

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
40	1		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MEAT PACKER.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ESSKAY CO.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Md.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Schroff

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date NOV. 28 1938

UNDERTAKER Lilly & Zuberer
(Address) 407 S. WOLFE ST.

FILED 19

Registrar.

26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1938, to November 25, 1938

I last saw h. in alive on November 25, 1938. Death is said to have occurred on the date stated above, at 10:02 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	May 1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. H. Curtis M. D.

(Address) Balto. City Hospitals

355

HEALTH DEPARTMENT—CITY OF BALTIMORE F 52355

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Brest Rd. St. 47-15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....da. How long in U. S. If of foreign birth?....yrs.....mos.....da.

2. FULL NAME Mary E. Nosselle

If U. S. Veteran specify WAR .....

(a) Residence: No. 2217 Brest Rd. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard F. Nosselle

6. DATE OF BIRTH (month, day, year) July 9, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John B. Rasche

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary Ann Meyer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Joseph F. Nosselle

(Address) 2217 Brest Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/28 1938

19. UNDERTAKER Herman Lemmon

(Address) 4011 Park Heights. Huntington 1100

20. FILED NOV 26 1938 Registrar

GAG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9 1938 to Nov 24 1938

that I saw her alive on Nov 24 1938 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and intestines	About 18 mos ago.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E E Nichols M. D.

(Address) Pikesville, Md

Sewell

HEALTH DEPARTMENT—CITY OF BALTIMORE

52356

CERTIFICATE OF DEATH

XV 13-B F 52356

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Lorraine Sewell

If U. S. Veteran specify WAR

(a) Residence: No. Parkton Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 27 38

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Elkton Md

13. NAME Raymond Sewell

14. BIRTHPLACE (city or town) (State or country) White Hall, Md

15. MAIDEN NAME Emma E. Cox

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT Raymond Sewell

(Address) Parkton Md

17. BURIAL, CREMATION, OR REMOVAL Place Middletown Md Date Nov 28, 1938

18. UNDERTAKER P. McGuckyn & Son

(Address) White Hall Md

19. FILED NOV 27 1938 Harry Huntington, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Personal Attendance or Inquiry) obtained by me (Personal Attendance or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	3 days
Pulmonary Edema	Chronic

Other contributory causes of importance: Acute Dysentery (Bacillary) 4 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 7360 Eastern Ave

OUREDNIK

HEALTH DEPARTMENT—CITY OF BALTIMORE

52357

CERTIFICATE OF DEATH

46-F

F 52357

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4264 Glover St 6 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antionette Ourednik

If U. S. Veteran specify WAR

(a) Residence: No. 4264 Glover St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Matthew Ourednik

DATE OF BIRTH (month, day, year) June 13, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	24 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Matthew Ouredneh

(Address) 4264 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date 11/27/38

19. UNDERTAKER Chas. E. Schimunek

(Address) 2603 E. Madison St.

20. FILED NOV 27 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 38 to Nov 24 38

I last saw her alive on Nov 23 38 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	8/1/38
Other contributory causes of importance:	
Cardiac Paralysis	Nov 24

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Bauer M. D.

(Address) 801 S. Gilmor St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52358 ✓ 48 F 52358

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Lafferty

(a) Residence: No. 1741 E Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of William M Lafferty

DATE OF BIRTH (month, day, year) Oct 23, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Finch

14. BIRTHPLACE (city or town) (State or country) St. Louis Mo

15. MAIDEN NAME Barbara A Stoltz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Wm M Lafferty

(Address) 1741 E Federal St

BURIAL, CREMATION, OR REMOVAL

Baltimore Date 11 29 1938

UNDERTAKER Wm Koch & Sons

(Address) 1217 E Fort Ave

NOV 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1938, to Nov 26, 1938

I last saw her alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of uterus	?
Coronary Thrombosis	11/26/38
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? yes Date of 11/17/38

For what disease or injury? Carcinoma uteri

Name of operation Pan hysterectomy

What test confirmed diagnosis? Path Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Tompt M. D.

(Address) St. Josephs Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 BF 52359

Registered No. 52359

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edwin Frey

If U. S. Veteran specify WAR (W)

(a) Residence: No. 908 N Gay St, Balto., Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) Jan. 31, 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	10		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi Driver

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Albert Frey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Marie Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/28, 1938

UNDERTAKER J. M. Cox

(Address) Walbrook Baltimore

NOV 27 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1938 to Nov. 25, 1938

I last saw him alive on Nov 25, 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, left frontal, ethmoid and sphenoid, &	11/14/38
Cerebral abscess	

Other contributory causes of importance:

Brain abscess

Cerebral abscess

Was an operation performed? Yes Date of 11/14-11/18-11/20

For what disease or injury? Meningitis, cerebral abscess

Name of operation Frontal Trephine, Ethmoidectomy, I & D cerebral abscess

What test confirmed diagnosis? ..... Was there an autopsy? Yes

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Bennett M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52360

CERTIFICATE OF DEATH

F 52360

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John J. Constance

(a) Residence: No. 218 N. Wolfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): unknown

7. AGE: Years 38 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John J. Constance

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Ellen V. Gordon

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): John A. Farmer 643 Plymouth Rd

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date Nov. 29, 1938

19. UNDERTAKER (Address): Wm Cook & Paul St

NOV 27 1938 Huntington Ave Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-15-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmet A. Wolfe M. D.

(Address) 1331 E. North Ave Attending Physician

HEALTH DEPARTMENT—CITY OF BALTIMORE

52361

CERTIFICATE OF DEATH

1935 F 52361

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. 20th St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME Joseph Anthony McGee

(a) Residence No. 4 N 20 th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 21, 1889

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Life Bldg

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Patrick McGee

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

15. MAIDEN NAME Mary A. Donnelly

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Nora McGee

(Address) 420 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 29th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Given NOV 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Alcoholism	

Was an operation performed? Date of

For what disease or injury? None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Cain, M. D. Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 52362

CERTIFICATE OF DEATH

121 F 52362

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Landy

(a) Residence: No. 3701 Glen Ave. St., Ballmr Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of? Late Henry

DATE OF BIRTH (month, day, year) 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan Brenner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Etta ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Max Landy

(Address) 3701 Glen Ave

BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run Date NOV 27 1938

UNDERTAKER Sol Levenson & Bro

(Address) 1124-26 W Baltimore ave

FILED NOV 27 1938 Huntington Pitts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938, to Nov 25, 1938

I last saw her alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis acute (and)	Nov. 22, 1938
Arteriosclerotic heart disease (with myocardial insufficiency)	1935

Other contributory causes of importance:

Appendicitis acute ruptured, — (operated on Oct. 26, 1938)	Oct. 19, 1938

Was an operation performed? Yes Date of Nov. 23, 1938

For what disease or injury? Cholecystitis acute

Name of operation Cholecystostomy, with drainage

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. S. Stevenson M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52363

CERTIFICATE OF DEATH

108 F 52363

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2732 Reisterstown Rd 5-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Hament

(a) Residence: No. 2732 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Carrie 1892

DATE OF BIRTH (month, day, year) Feb 3 1892

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46 ~~73~~	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Gabriel Hament

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Rebecca Stern

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT William Hament
(Address) 2732 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cem. Date Nov 27 1938

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 N North ave

FILED NOV 27 1938 Huntington Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 1935, to Nov. 24, 1938

I last saw h~~e~~ alive on Nov. 24, 1938. Death is said to have occurred on the date stated above, at 3 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	few years
Bronchial Asthma	
Other contributory causes of importance: Lobar Pneumonia	3 days

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. A. Sussman M. D.

(Address) 2840 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

52364

CERTIFICATE OF DEATH

/31 F 52364

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 6-Z Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME FRANK DIETRICH

(a) Residence: No. 447 N. LAKEWOOD AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida May Dietrich

DATE OF BIRTH (month, day, year): Oct. 5/1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Washington Dietrich

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Nancy Pittman

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT (Address): Evelyn Dietrich, 447 Lakewood Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Cambridge Md. Date: Nov. 27/38

UNDERTAKER: John C. Waters Mitchell Funeral Home

(Address): 1900 Eutaw Place

NOV 27 1938 Huntington Pollitt, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/27/1938

22. I HEREBY CERTIFY, That I attended deceased from 11/15 1938 to 11/27 1938

I last saw him alive on 11/27 1938 Death is said to have occurred on the date stated above, at 3 45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE	ABOUT 2 YEARS AGO
GENERALIZED ARTERIOSCLEROSIS	SAME

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? LAB Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lucien F. S. Diggs, M. D.

(Address) UNIVERSITY HOSPITAL

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52365

CERTIFICATE OF DEATH

71-a F 52365

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Central St. 10 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Otto Joseph Eff

(a) Residence: No. 1038 N. Central St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh	Married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary Eff

DATE OF BIRTH (month, day, year) Oct 20 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod Carrier

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month, year) 12 mo ago

11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) (State or country) Germany

15. NAME Joe. Eff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christian

16. BIRTHPLACE (city or town) (State or country) Ger.

INFORMANT (Address) Frank H. Eff 1038 N. Central St

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov 28 1938

UNDERTAKER (Address) Dietrich Bros Mount Pleasant

NOV 27 1938 Huntington Hilligoss Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. ..., 19.37 to Nov. 25, 1938

I last saw him alive on Nov. 25, 1938 Death is said to have occurred on the date stated above, at 6.0 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chronic Pneumonia	2 yrs
Uremia	

Other contributory causes of importance: Gen. Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. A. Fowler M. D.

(Address) 1705 N. Front Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52366

CERTIFICATE OF DEATH

92 F 52366

Registered No. 812

1. PLACE OF DEATH Bacto City Hospital

CITY OF BALTIMORE: (No. Bay View St., 1441 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. veteran specify WAR

2. FULL NAME Amelia Lynn

(a) Residence: No. 181 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 26-1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	3029	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William D. Lynn

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

15. MAIDEN NAME Priscilla Foreman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Dora Marriott

(Address) 02 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 28 1938

19. UNDERTAKER Wm J. Turner & Sons

(Address) Norfolk & Pa. Aves. Huntington Station, Md.

NOV 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 25
Fatal Heart Disease	June
Senility	June

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nat Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas E. Wood M. D.

Coroner

(Address) 1717 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

52367

CERTIFICATE OF DEATH

95-T 52367

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 52 yrs. ..... mos. ..... ds.

2. FULL NAME Simon Schuman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2258 Linden Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed or divorced HUSBAND of (or) WIFE of Rebecca

DATE OF BIRTH (month, day, year) 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Ice

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Schuman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael Nina Schuman

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Husband Relative
(Address)

BURIAL, CREMATION OR REMOVAL Abraham Israel Date 11-27-38 19

UNDERTAKER Jacob Louis Isaacs
(Address) 1439 E. Baltimore St.

FILED NOV 27 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1938 to November 27 1938.

I last saw him alive on November 26 1938. Death is said to have occurred on the date stated above, at 5.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	[illegible]
Arteriosclerotic heart disease	[illegible]
Prostatic hypertrophy	[illegible]
Bronchopneumonia	2 wks.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Victor T. Mc Sunder Lerner, Jr. M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52368

CERTIFICATE OF DEATH

82-aF 52368

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4620 Lanvale St. 76-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence G Von Neumeloff (If U. S. Veteran Specify WAR .....)

(a) Residence: No. 4620 Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If married, widowed, or divorced WIFE of (or) HUSBAND of Eugene Von Neumeloff

DATE OF BIRTH (month, day, year) Sept 20, 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Ind

12. NAME Wm Farmer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Virginia Booker

16. BIRTHPLACE (city or town) (State or country) Ind.

INFORMANT Francis Farmer

(Address) 4620 Lanvale

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 11/28 1938

UNDERTAKER Leonard Bluck

(Address) 2017 Huntington Ave, Balto, Md

FILED NOV 27 1938 H. Huntington Pentecost, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 33 to Nov 24 1938

That I saw her alive on Nov 24 1938. Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-24-38
Other contributory causes of importance: Arteriosclerosis	1933
Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George T Eyler M. D.

(Address) 28 W 25th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52369

CERTIFICATE OF DEATH

13-B F 52369

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Taylor

(a) Residence: No. Selby, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White.	single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May, 17th 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 mo.	2 da.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Marie Whitmore

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT [redacted]
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 11/28/ 1938

UNDERTAKER Maynard J. Flynn
(Address) 201 N. Eutaw St.

FILED 27 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1st. 1938 to November 26th 1938

I last saw h[illegible] alive on November 26th 1938. Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	1938 May 17th
Malnutrition.	
Debilitation.	
~~Hypertrophied "Flex"~~	
Other contributory causes of importance: Hypertrophied Flex "Y"	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph M. George, Jr. M. D.
(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52370

CERTIFICATE OF DEATH

95-B F 52370

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Herbert Moore

If U. S. Veteran specify WAR

(a) Residence: No. 4212 Groveland Ave., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 18, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Protective Credit Assoc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME John D. Moore

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma A. Hammond

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Wm J. C. Carr (above)

(Address) 4212 Groveland Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Nov 28, 1938

UNDERTAKER Harry N. Amacost & Son

(Address) 4204 Edgewood Ave

FILED Nov 27 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1938 to 11/25, 1938

I last saw him alive on 11/25, 1938 Death is said to have occurred on the date stated above, at 3:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	
Acute Coronary Thrombosis	11/23/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin M. Cauley M. D.

(Address) Union Memorial Hospital

F 52371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-CF 52371

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 42-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME (Robert) Dink Yerby

(a) Residence: No. ... Westland, Virginia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances Yerby

DATE OF BIRTH (month, day, year) July 9, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman--Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motor SS Gattor

10. Date deceased last worked at this occupation (month and year) 3/15/38

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Westland Virginia

13. NAME of Father Carey Yerby

14. BIRTHPLACE (city or town) (State or country) Westland, Va.

15. MAIDEN NAME of Mother Mary ?

16. BIRTHPLACE (city or town) (State or country) Westland, Va.

INFORMANT Records

(Address) U.S. Marine Hosp., Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL Place Kalmanuk Va Date Nov 27 1938

UNDERTAKER Geo L Bager Jr

(Address) 1512 Hoke St

NOV 27 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1938 to Nov. 26 1938

I last saw him alive on Nov. 26 1938 Death is said to have occurred on the date stated above, at 3:25 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	8 mos a.
Other contributory causes of importance:	

Was an operation performed? yes Date of 11-7-38

For what disease or injury? hypertrophy of prostata

Name of operation Ligation of vas; cystoscopy

What test confirmed diagnosis? P.M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H L Wollenweber M. D.

(Address) U.S. Marine Hospital, Balt

MANTHEY

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52372

CERTIFICATE OF DEATH

95-F 52372

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Chas Manthey

(a) Residence: No. 1310 N Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) about 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) about 14 years ago

11. Total time (years) spent in this occupation Balto. ?

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chester Perronette

(Address) 948 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem Date Nov. 28 1938

19. UNDERTAKER Carrie L. Davis

(Address) 341 E Chestnut, Cam

NOV 27 1938 Washington Pellissier, Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-19-38, 19..., to 11-25-38, 19...

I last saw h... alive on 11-25-38 Death is said to have occurred on the date stated above, at 12:15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Hypertensive Cardiovascular disease & decompensation & CVA	?
Anemia	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. R. Tennyst, M. D.

(Address) St. Josephs Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52373

82-0F 52373

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Carlisle Ave St., 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CAROLINE A WRIGHT

(a) Residence: No. 3205 Carlisle Ave St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Wright

7. DATE OF BIRTH (month, day, year) June 25, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) -- | 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Casper Weifenbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Herbert E. Weifenbach
(Address) 3205 Carlisle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date, Nov. 28-38

19. UNDERTAKER C. H. Wilbert's Sons
(Address) 1300 EDMONDSON PLACE

DATE 11 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938, to Nov. 26, 1938

I last saw h alive on Nov 26 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov 18
Other contributory causes of importance:	
Arteriosclerosis	5 yrs

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leitz M. D.

(Address) Temple Garden apts

HEALTH DEPARTMENT—CITY OF BALTIMORE

52374

CERTIFICATE OF DEATH

46-B F 52374

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 460 Brunswick Street St., 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. - mos. - ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

2. FULL NAME MICHAEL J. WITTKOFSKY

If U. S. Veteran specify WAR *

(a) Residence: No. 460 Brunswick Street St., 20 Ward. --

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Wittkofsky

DATE OF BIRTH (month, day, year) Sept. 11, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Wittkofsky

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. John A. Wittkofsky

(Address) 460 Brunswick Street

BURIAL, CREMATION, OR REMOVAL

Place New Cathederal Date Nov. 28-38

UNDERTAKER: E. J. Michael & Bro.

(Address) 1600 EUTAW PLACE

FILED NOV 27 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1938 to Nov 23, 1938

I last saw him alive on Nov-23, 1938 Death is said to have occurred on the date stated above, at 5:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance: Acute obstruction	Nov 15

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Klaasman, M. D.

(Address) 753 W Fayette St

F 52375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-P F 52375

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Emergency Hospital St. 22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Dubaneckas
(a) Residence: No. 427 S Paca St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of Agatha Dubaneckas

6. DATE OF BIRTH (month, day, year) July 4. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Agatha Dubaneckas
(Address) 427 S Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 28 1938

19. UNDERTAKER Joseph Kasiejka, Inc.
(Address) 612 Washington Blvd

NOV 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy, Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Oedema	4 hrs
Other contributory causes of importance: Chr. Cardio-Renal Disease	Chr

Was an operation performed? No Date of —
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) Michael A. Abrams, M. D.
Coroner
(Address) 360 Fulton Place

S 6

H. D. R. 1268-9

2376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52376

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2414 E. Chase St., 8-2 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? 41 yrs. mos. ds.

2. FULL NAME Franka Stephan Fuksa

(a) Residence: No. 2414 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Fuksa

DATE OF BIRTH (month, day, year) June 15 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Tabor Czechoslovakia

13. NAME Joseph Fuksa

14. BIRTHPLACE (city or town) (State or country) Tabor Czechoslovakia

15. MAIDEN NAME Marie Dusek

16. BIRTHPLACE (city or town) (State or country) Tabor Czechoslovakia

17. INFORMANT Anna Fuksa
(Address) 2414 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 29 1938

19. UNDERTAKER Frank Grach & Son
(Address) 1906 Eastern Ave

20. FILED NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15 1938 to November 26 1938

I last saw him alive on Nov. 25 1938 Death is said to have occurred on the date stated above, at 12 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervical glands	6/1/38

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Karl Grossman M. D.

(Address) 1212 N. Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2377 ✓5 F 52377

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Gwynns St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin F. Lawson

(a) Residence: No. 3009 Gwynns St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Lawson

7. DATE OF BIRTH (month, day, year) Sept 17 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bar

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Wood Cross Md

13. NAME Julia L Lawson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia Talley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Caroline Lawson

(Address) 3009 Gwynns St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 29 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Huntington Hill Registrar.

NOV 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1938 to Nov 26 1938

I last saw him alive on Nov 23 1938 Death is said to have occurred on the date stated above, at 12:45 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Undulant fever	July 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. J. Ivey M. D.

(Address) 2818 N. Paca

52378

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52378

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Lucy M. Thurston

If U. S. Veteran specify WAR .....

(a) Residence: No. 4204 Roland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Julius Thurston

7. DATE OF BIRTH (month, day, year) Mar 27th

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	0	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Writer - Lecturer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

11. Date deceased last worked at this occupation (month and year) 11/24/38

12. Total time (years) spent in this occupation 50

13. BIRTHPLACE (city or town) (State or country) Va.

14. NAME John M. Kidd

15. BIRTHPLACE (city or town) (State or country) Va.

16. MAIDEN NAME Elizabeth R. Adams

17. BIRTHPLACE (city or town) (State or country) Va

18. INFORMANT Augusta Thurston

(Address) 4204 Roland Ave

19. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 29th 1938

20. UNDERTAKER Wm Cook

(Address) 127 St Paul St

FILED NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1938 to Nov. 27, 1938

I last saw her alive on Nov. 26, 1938 Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Haemorrhage	11-24-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. A. Glassman, M. D.

(Address) .....

52379 HEALTH DEPARTMENT—CITY OF BALTIMORE 52379

CERTIFICATE OF DEATH

34975-S

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-W Ward) ✓ 95-S

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 725 Aisquith St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Anderson

7. DATE OF BIRTH (month, day, year) 3-17-~~1878~~ ? 1878

8. AGE: Years ~~60~~ 60; Months 8; Days 17 ?; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME William Hatcher

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date NOV 28 1938

19. UNDERTAKER Mrs I Ga Bailey (Address) 1421 Jefferson St

FILED NOV 28 1938 19 Hunter Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7 1938 to November 24 1938

I last saw her alive on November 24 1938 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. De Lautalle M. D.

(Address) Baltimore City Hospitals

2380 HEALTH DEPARTMENT—CITY OF BALTIMORE 52380

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-12 Ward)

Registered No. 349-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Cook (38004)

If U. S. Veteran specify WAR

(a) Residence: No. Homeless St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Boynlis

DATE OF BIRTH (month, day, year) Aug. 6, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Emanuel Cook

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Wanda Goon

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Douglas Mem'l Date Nov 29 38

19. UNDERTAKER Jno. J. Dolan Halsted
(Address) 1710 Druid Hill Ave.

FILED Nov 28 1938, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1938 to November 23, 1938

I last saw her alive on November 23, 1938 Death is said to have occurred on the date stated above, at 8:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept 1938
Other contributory causes of importance: Diabetes Mellitus	Aug 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

52381 HEALTH DEPARTMENT—CITY OF BALTIMORE 52381

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Foote

If U. S. Veteran specify WAR

(a) Residence: No. 1121 W. Fulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

7. DATE OF BIRTH (month, day, year) 1853

8. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Millersville, Md.
(State or country)

13. NAME Alexander Spencer

14. BIRTHPLACE (city or town) Eastern Shore Md.
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place [illegible] Date 11-28 1938

19. UNDERTAKER Frances A. Humphreys
(Address) 3 [illegible] Eddie St.

20. FILED ... 19... Registrar.

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16. 1938. to November 25. 1938

I that saw her alive on November 25. 1938. Death is said to have occurred on the date stated above, at 7.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-11-38
Other contributory causes of importance: Cerebral Hemorrhage	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Del Castillo M. D.

(Address) Baltimore City Hospitals

F 52382

2382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Falls Gen. Hosp. 26-5 Ward) 107-a Registered No.

CITY OF BALTIMORE: (No. St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Israel Friedman If U. S. Veteran specify WAR

(a) Residence: No. 2123 Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Ida

DATE OF BIRTH (month, day, year) May 25 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hraham Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Dinowitz

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT (Address) Sol Levenson & Bros 124-26 W Northave

BURIAL, CREMATION, OR REMOVAL Place Hebrew Rodeph Shur Date Nov. 28 1938

UNDERTAKER (Address) Sol Levinson & Bros 124-26 W. North ave

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1938 to Nov 27 1938

I last saw him alive on Nov 27 1938 Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Coronary Thrombosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Meyer A. Stear M. D.

(Address) West Falls Gen Hosp

52383 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52383

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Hong

If U. S. Veteran specify WAR

(a) Residence: No. 839 W. 36th St. City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Chinese	Sngle

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sngle

6. DATE OF BIRTH (month, day, year) about 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Charlie Yu A Hong

14. BIRTHPLACE (city or town) (State or country) California

15. MAIDEN NAME ? Wong. Shee

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Mr. Charlie Hong

(Address) 839. W. 36. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greene Date Nov 30 1938

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODS SUC.) 1918 W. NORTH AVENUE

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/38 19

22. I HEREBY CERTIFY, That I attended deceased from 11/4/ 1938 to 11/26 1938

I last saw him alive on 11/26/38 19 . Death is said to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia (Lobar) R. Lgl Lower Lobe.	10/30/38
2. Malnutrition	1934
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

8 1938

52384 HEALTH DEPARTMENT—CITY OF BALTIMORE 52384

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1877
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 15-2 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Ball If U. S. Veteran specify WAR

(a) Residence: No. 1707 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Ball

6. DATE OF BIRTH (month, day, year) Dec. 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 yrs	11	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Roger Ball

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Elvin

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Ball

(Address) 1707 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/28 35 19

19. UNDERTAKER Thomas C. Kelso

(Address) 503 Fleshman St

20. FILED NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Year
Advanced Tuberculosis.	
Other contributory causes of importance:	
Multiple Sclerosis General	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. C. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

52385

HEALTH DEPARTMENT—CITY OF BALTIMORE

52385

CERTIFICATE OF DEATH

✓ 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 13 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME Oliver Ford

If U. S. Veteran specify WAR .....

(a) Residence: No. 1547 Leslie St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1929

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Port Tobacco Md.
(State or country)

13. NAME Hilton Ford

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Ruth Harris

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hilton Ford

(Address) 1547 Leslie St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 11/28 38

19. UNDERTAKER Thos. G. Kelson

(Address) 1303 Druid Hill Ave

20. FILED 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 22nd 1938 to November 24th 1938

I last saw him alive on November 24th 1938. Death is said to have occurred on the date stated above, at 12 N

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph M. George Jr. M. D.

(Address) University Hospital

2386 HEALTH DEPARTMENT—CITY OF BALTIMORE 52386

CERTIFICATE OF DEATH V 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 7-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna B. Webster

(a) Residence: No. 1502 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	COLORED	WIDOWED

6. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Alan Webster

7. DATE OF BIRTH (month, day, year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen' Work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harrisburg P.A.

13. NAME John Myers

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Fannie Hall.

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jennie Thomas
(Address) 1502 Ashland ave.

18. BURIAL, CREMATION, OR REMOVAL Interment Harwood Park Nov. 28 1938

19. UNDERTAKER Robert H. Young.
(Address) 804 W. Caroline St.

28 1938 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/21/38 19... to 11/25 1938

I last saw h... alive on 11/25 1938 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	11/21/38
Pulmonary Edema.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/21/38

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) Provident Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32387

2387

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Werner

(a) Residence: No. 13 E. Eutaw St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/26/38

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
				5 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Sydney Alfred Werner

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Minnie Ida Werner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mercy Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 28, 1938

19. UNDERTAKER John F. Fagan
(Address) 3009 E. Baltimore St.

NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ... A.M., 19..., to 11/26/38 5:22 P.M., 19...

I last saw h... alive on 11/26/38, 19... Death is said to have occurred on the date stated above, at 5:22 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank F. Morris M. D.

(Address) 11 E. Lexington St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52388 — F 52388

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Bauernwood Ave St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levin E. Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 2712 Bauernwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Taylor

6. DATE OF BIRTH (month, day, year) June 8 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wicomico Co. (State or country) Md.

13. NAME Isaac T. Taylor

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Bennett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT S. Melvin Taylor

(Address) 2712 Bauernswood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place East New Market Cem. East New Market Md Date Nov 30, 1938

19. UNDERTAKER Howard T. Willoughby

(Address) East New Market Md

20. FILED NOV 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Nov 28, 1938

I last saw h[illegible] alive on Nov 27, 1938. Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) William Jenney M. D.

(Address) 710 Harford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52389

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 E. Baltimore St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Roymuel

(a) Residence: No. 3309 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of WIFE of August Roymuel

6. DATE OF BIRTH (month, day, year) Jan. 15-71

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Cy. Md.

MOTHER OR FATHER

13. NAME Charles Coates

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma Konner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lena B. Wise (Daughter)

(Address) 257 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Nov 29, 1938

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St

20. FILED NOV 28 1938, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came Inquiry (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	hour
Other contributory causes of importance: Valvular heart disease	Youth

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1722 N. Broadway

2390

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 52390

CERTIFICATE OF DEATH

21-1 ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Salto. General St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John A. Lang

(a) Residence: No. 743 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorthea C. Lang

6. DATE OF BIRTH (month, day, year) Dec. 17, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	11 10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-82

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired City

10. Date deceased last worked at this occupation (month and year) Fireman

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salto, Md.

FATHER

13. NAME John A. Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorthea Lang
(Address) 743 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Nov. 29 1938

19. UNDERTAKER A. Howard Evans
(Address) 1400 E. Chase St.

Signature of Undertaker or Assistant

NOV 28 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. K. Ellis M. D.
Coroner

(Address) 27 [illegible]

GHG

8-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

391

CERTIFICATE OF DEATH

F 52391

1. PLACE OF DEATH St Joseph's Hosp. ✓ 108

Registered No.

CITY OF BALTIMORE: (No. 1700 N. Caroline St. 9 - 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 1 mos. da. How long in U. S. If of foreign birth 30 yrs. mos. da.

2. FULL NAME John Perseghen

If U. S. Veteran specify WAR

(a) Residence: No. 219 Baltimore Ave St., Ward. Glendale.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Marr.

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bertha Fleurem

6. DATE OF BIRTH (month, day, year): Oct. 16 1867

7. AGE: Years 41 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer on Wire Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bett. St. Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 00 4

12. BIRTHPLACE (city or town) (State or country): San Bellino-Rovigo Italy

13. NAME: Virgilio Perseghin

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Impania Bombanato

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): D. Perseghin (Brother) 616 Rapolla St.

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Stanislaus Cem. Date: Nov. 29 1938

19. UNDERTAKER (Address): Frank Wallace 542 N. Wolfe St.

20. FILED 1938 Registrar.

NOV 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1938, to 11-26 1938

I last saw h[illegible] alive on 11-26 1938 Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess (rt.)	
Other contributory causes of importance: Pneumonia - left c. metastatic abscess left lung	over

Was an operation performed? Yes. Date? 10/11/38

For what disease or injury? Lung abscess

Name of operation: Left Pneumolysis

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) M. R. Trupt, M. D.

(Address) St. Josephs Hosp.

2392 F 52392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓165

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3720 Claremont St. 26-4 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa Confetto

If U. S. Veteran specify WAR

(a) Residence: No. 3720 Claremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Confetto

6. DATE OF BIRTH (month, day, year) Sept 5-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Fasano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Mandamaro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Mandamaro Confetto

(Address) 3720 Claremont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart & Mary Date Nov. 29 1938

19. UNDERTAKER Frank D. Elcock

(Address) 52 N Monroe St.

20. FILED NOV 28 1938 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by Strangulation	
Suicide	
Other contributory causes of importance: Melancholia	Acute

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 26, 1938

Where did injury occur? 3720 Claremont St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hung herself in Cellar

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Heath M. D.

Coroner

(Address) 12 E. Lexington St.

52393 Russum F 52393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√94-B #39037

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. city Hospitals St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Russum

If U. S. Veteran specify WAR

(a) Residence: No. 7 S. Milton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Louise

6. DATE OF BIRTH (month, day, year) 2/23/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John Russum

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Angie Jorman

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/29, 1938

19. UNDERTAKER Frederick C. Pole

(Address) 1100 W. Lombard St.

20. FILED NOV 28 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938, to November 26, 1938

I last saw him alive on November 26, 1938. Death is said to have occurred on the date stated above, at 12 00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	11-26-38
Other contributory causes of importance:	
Pernicious anemia	1938

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lauble, M. D.

(Address) Baltimore City Hospitals

94

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 52394

CERTIFICATE OF DEATH

V 82-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S. Payson St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Mason Sr.

(a) Residence: No. 331 S. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced (nee Harkin)
HUSBAND of (or) WIFE of Catherine M. Mason

6. DATE OF BIRTH (month, day, year) July 31, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Maker 6073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Iron Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER FATHER

13. NAME James Mason

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Catherine McColloh

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Catherine M. Mason
(Address) 331 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 28/38

19. UNDERTAKER Harry A. Luthe
(Address) 4101 Edmondson Ave.

20. Filed NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937 to Nov. 24, 1938

I last saw him alive on Nov. 24, 1938 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936?
Softening of Brain	Aug. '38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Justus Steinbeck M. D.

(Address) 2000 Hollins St.

CLARK

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52395 ✓ 13 T F 52395

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Preston Clark

(a) Residence: No. 2641 Flora St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 1-10-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joshuwey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Harriet

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Md
Place Chestnut Grove Cemetery Date 11-29 1938

19. UNDERTAKER Barnett Frank M. Wright
(Address) 2711 Pennsylvania Ave

FILED NOV 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1938 to 11-26, 1938

I last saw him alive on 11-26, 1938 Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Benign Hypertrophy of prostate	?
Cystitis obstruction	1½ mos.
Urinary Retention	2 days
Bronchopneumonia	2 days
Other contributory causes of importance:	
Hypertension	?
Arteriosclerosis generalized	?

Was an operation performed? yes Date of 10-1-38

For what disease or injury? Urinary ret. & obstruction

Name of operation Cystotomy

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Bourne, M. D.

(Address) Balto. City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

52396

CERTIFICATE OF DEATH

92-a F 52396

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Fernhill Ave St., 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Alexander Hart

(a) Residence: No. 4110 Fernhill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eve Jerkins Hart

6. DATE OF BIRTH (month, day, year) Nov 22nd 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	X	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Clothing Store

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Hart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lloyd Bingham

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Hart

(Address) 4110 Fernhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12-30 1938

19. UNDERTAKER Hunter-Sheppard

(Address) Baltimore, Md.

Dec 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1938 to November 27 1938

I last saw him alive on November 27 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Streptococcus Viridans	3 mos
Other contributory causes of importance: Rheumatic Endocarditis	6 yrs

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wilmer Fox M. D.

(Address) 202 Professional

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52397

CERTIFICATE OF DEATH

F 52397

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Johnston Ave St., 16-6 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Wayne Bason

If U. S. Veteran specify WAR

(a) Residence: No. 607 Johnston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 28 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bar

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Joseph Francis Bason

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Rosalie Gertrude Peters

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rosalie Peters
(Address) 607 Johnston Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11-29-38

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave Huntington Pk Baltimore, Md.

20. FILED NOV 28 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 3 pm

	Date of onset
Acute Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) O. Kann M. D.
Coroner

(Address) 1215 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52398

CERTIFICATE OF DEATH

V131

F 52398
Registered No.

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. ..... St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME CHARLES GARVAN

If U. S. Veteran specify WAR

(a) Residence: No. 1833 Lemon St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Margaret Garvan

6. DATE OF BIRTH (month, day, year) March 8th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork and Seal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) New York City

MOTHER FATHER

13. NAME Charles L. Garvan

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Patterson

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Margaret Garvan
(Address) 1833 Lemon St

18. BURIAL, CREMATION, OR REMOVAL
Place Union Park Date Nov. 30 1938

19. UNDERTAKER George L. Lehnert
(Address) 712 Fulton Ave.

NOV 28 1938 H. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938 to Nov 27, 1938

I last saw h... alive on Nov 27, 1938 Death is said to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Thigh	2 wks
Chronic Nephritis	?
Other contributory causes of importance:	
Arteriosclerosis	?
Uremia	—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. R. Tunnat M. D.

(Address) St. Josephs Hosp

52399

HEALTH DEPARTMENT—CITY OF BALTIMORE

52399

CERTIFICATE OF DEATH

186-a 2C

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 8 & 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary M. Feldin

(a) Residence: No. 573 N. Bradford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Feldin

6. DATE OF BIRTH (month, day, year) June 6 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Scott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ann McCormick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma M. Feldin

(Address) 573 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov 29 1938

19. UNDERTAKER Danner & Covington

(Address) 21 W. 20th St.

20. FILED NOV 28 1938 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility - Pneumonia	Day
Other contributory causes of importance: Fracture left neck of femur	Two

Was an operation performed? Yes Date of Nov. 27, 38

For what disease or injury? Fracture left neck of femur

Name of operation Smith-Peterson Nail Date of Nov. 27, 38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov. 23, 1938

Where did injury occur? 573 N. Bradford St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down stairs

Nature of injury Fracture left neck of femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 712 N. Gay St.

GREEN

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52400 — CERTIFICATE OF DEATH — 82-9 F 52400

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N Bond St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Perry Sneen

(a) Residence: No. 417 N Bond St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Della Sneen

6. DATE OF BIRTH (month, day, year): 1881

7. AGE: Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Bethlehem Steel Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lewisborough N C

FATHER

13. NAME: Perry Sneen

14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME: Rosie Williams

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Address): Eula Pettaway 625 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL: Cabarrus Memorial Park Date Nov 29 1938

19. UNDERTAKER (Address): Robert L Williams 15-15 McElderry St

20. FILED NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

hrs

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Nov 24 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo W Allen M. D.

(Address) 20 W Saratoga St

AaCo. 5-31 250B

52401 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52401

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — Roland Park — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 Elm Road St. 27-14 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Emma Schwarz

(a) Residence: No. 6 Elm Road St., Roland Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Schwarz

6. DATE OF BIRTH (month, day, year) Dec 14 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John M. Stoeller

14. BIRTHPLACE (city or town) (State or country) Berk Co Pa.

MOTHER

15. MAIDEN NAME Constantine Millert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adam Schwarz

(Address) 6 Elm Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 29 1938

19. UNDERTAKER Henry M. Jenkins Sons Co

(Address) McCulloh & Richard Sts.

20. FILED 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April —, 1937, to November 27, 1938

I last saw her alive on November 27, 1938 death is said to have occurred on the date stated above, at 12:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic heart disease with generalized arterio-Sclerosis	7 years
Cerebral hemorrhage	9-11-38
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry M. Jenkins, M. D.

(Address) 205 Preston Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52402

CERTIFICATE OF DEATH

94-B F 52402

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Mount St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leah Spence

(a) Residence: No. 420 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Edw. Spence.

6. DATE OF BIRTH (month, day, year) Apr 17. 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butler West Indies

FATHER

13. NAME Edward Spence.

14. BIRTHPLACE (city or town) (State or country) Butler West Indies

MOTHER

15. MAIDEN NAME Hilda Reed.

16. BIRTHPLACE (city or town) (State or country) Butler West Indies

17. INFORMANT Mable Spence

(Address) 420 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 11-28 38

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 11/25/38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	11/25
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hanna M.D.

(Address) 1822 W Baltimore St

W 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52403 | 131 | F 52403 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Warner St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Harris Williams Smith

If U.S. Veteran specify WAR

(a) Residence: No. 1006 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles H Smith

6. DATE OF BIRTH (month, day, year): Oct 17 1846

7. AGE: Years 42 | Months 1 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER

13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: Emanuel Williams
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Charles H Smith 1006 Warner St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date 11/28/38

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 N. Schroeder St.

NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1938 to 11/26/38

I last saw her alive on Nov 25, 1938 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset
Chronic Nephritis

Other contributory causes of importance:
Hypertension negative

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Urine +++ Hypertension Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) David Strauchen M. D.

(Address) 128 W Read St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52404

CERTIFICATE OF DEATH

95-B

F 52404

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2542 Wilkens Ave. St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Dinler

If U. S. Veteran specify WAR

(a) Residence: No. 2542 Wilkens Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (nee Schertle) Kate Margaret Dinler

6. DATE OF BIRTH (month, day, year) Dec. 14, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Dinler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward H. Dinler
(Address) 2542 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 29/38

19. UNDERTAKER Harry A. Cuthbert
(Address) 101 Edmondson Ave.

20. FILED NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to Nov 26, 1938

I last saw him alive on Nov 20, 1938. Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease.	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Scagnetti, M. D.

(Address) 1729 W. Lombard St.

Dr. Wolfe - 1331 E North Ave ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52405

CERTIFICATE OF DEATH

/31/ F 52405

Registered No. ...

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Georgia A. Dixon.

(a) Residence: No. 3364 Moravia Ave St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia L. Dixon.

6. DATE OF BIRTH (month, day, year) Dec 3, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Jamie Tyson.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Hamphreys

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT George L. Dixon.
(Address) 3364 Moravia Ave.

18. BURIAL, CREMATION, OR REMOVAL Montana Memorial Park Date Nov 30 1938

19. UNDERTAKER Thanyawtt Son.
(Address) 3615 Christian Ave.

NOV 28 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-26-38
Other contributory causes of importance: Hypertensive Cardiovascular Renal Disease	3 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E North Ave

V 8 6

6

2406

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52406

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH 518 S. Luzerne Ave.

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Ball

(a) Residence: No. 518 S. Luzerne Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert John Ball

6. DATE OF BIRTH (month, day, year) Nov. 27, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Robert John Schul

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina ? ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Kunigunda Ball (Address) 518 S. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Cem. Date Nov. 30, 1938

19. UNDERTAKER Sander & Son Inc Lay F. Bender (Address) Baltimore St. & Broadway

DEC 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938, to Nov. 26, 1938

I last saw her alive on Nov. 26, 1938 Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11/25/38
myocardial insufficiency	11/26/38
Other contributory causes of importance:	
Hypertension	?
Chronic cardiitis	?

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? physical findings Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Dobihal, M. D.

(Address) 447 N. Kenwood Ave.

52407

HEALTH DEPARTMENT—CITY OF BALTIMORE

52407

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2512 Gulford St., 12-3 Ward

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward L. Barry

If U. S. Veteran specify WAR Spanish

(a) Residence: No. 2512 Gulford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Sarah Agnes Barry

6. DATE OF BIRTH (month, day, year): Oct 29, 1849.

7. AGE: Years 59 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Navy do

10. Date deceased last worked at this occupation (month and year): 1909

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): New York N.Y.

FATHER

13. NAME: Barry K Barry

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Clinton

16. BIRTHPLACE (city or town) (State or country): Bridgeport Conn

17. INFORMANT (Address): Mary E Waters Washington D C

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Park Cem Date 11/29 19 38

19. UNDERTAKER (Address): Wm J. Pentz 1211 Park Ave

20. FILED ..... 19 ..... Registrar.

NOV 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938. to Nov. 27, 1938

I last saw him alive on Nov. 27, 1938. Death is said to have occurred on the date stated above, at 11.6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	Sudden
Other contributory causes of importance: Senile Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. T. Bouchelle M. D.

(Address) 2104 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52408

CERTIFICATE OF DEATH

167 F 52408

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital Ward 3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Chambers

(a) Residence: No. 646 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): — 1918

7. AGE: Years 20 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md,

FATHER

13. NAME: Thomas Chambers

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Virginia Chambers

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Virginia Chambers

(Address) 646 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 28 1938

Commissioner of Health

19. UNDERTAKER: Per H. A. Moore

(Address) Huntington Ave

20. FILED NOV 28 1938

4353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and (saw the evidence obtained by said (Inquest, Autopsy or Inquiry)) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gun shot wound of head — Date of onset Nov 20 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 646 Bruce St Balto Md

Manner of injury Deceased shot self thru

Nature of injury head with 32 Caliber revolver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Address 50 Fairmount St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52409

CERTIFICATE OF DEATH

159 F 52409
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident St. 14-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Baby Cole
(a) Residence: No. 534 Nesbit St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23-38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1 day	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Charles Cole
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Estelle Cole
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles Cole
(Address) 534 Nesbit St

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL NOV 28 1938
Place Date
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address) Per H. A. Meyers

20. FILED NOV 28 1938 Martin for Williams
4454

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the above-named deceased on the day stated above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardiac failure
premature

Date of onset Oct 23 1938

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen M. D.
(Address) 650 Cathedral St

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52410

CERTIFICATE OF DEATH

160-3

F 52410

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Grimsby Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Booker

If U. S. Veteran specify WAR

(a) Residence: No. 1314 Whatcoat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia, Va.

FATHER

13. NAME Phillip Booker

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ella Ford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 28 1938

COMMISSIONER OF HEALTH

19. UNDERTAKER (Address) Dye H. A. Mann

NOV 28 1938 Registrar

4450

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-21 . 1938 to 11-22 . 1938

I last saw her alive on 6-29 11-22 1938 Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrage	11-21
	now

Other contributory causes of importance:

Anomaly Aortic Valve	11-21

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Cleo D. Stiles M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52411

CERTIFICATE OF DEATH

94-a F 52411

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 Aiesquith St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Agnes O'Malley

If U. S. Veteran specify WAR

(a) Residence: No. 1312 Aiesquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME George E. O'Malley

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland

MOTHER

15. MAIDEN NAME Mary Anne Riordan

16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

17. INFORMANT Mrs W. H. Wade

(Address) 1312 Aiesquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. Date Nov 30 1938

19. UNDERTAKER Chas. F. Fraser & Son Inc

(Address) 111 N. Mt. Royal Ave

NOV 28 1938 Huntington Avenue Dist.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-26- 1938 to Nov 27 1938

I last saw her alive on Nov 26 1938. Death is said to have occurred on the date stated above, at 2-30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	11/1/38
Other contributory causes of importance: Acute Dilatation of Heart	11/27/38

Was an operation performed? None Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C F 52412

F 52412

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 W. Lanvale Street St. 11-th Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME THOMAS F. SHRIVER

(a) Residence: No. 230 West Lanvale Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Jenkins Shriver

6. DATE OF BIRTH (month, day, year) Aug. 15, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President Marine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Shriver

14. BIRTHPLACE (city or town) (State or country) Union Mills, Md.

MOTHER

15. MAIDEN NAME Roberta Lyon

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT J. Stewart Shriver
(Address) 230 West Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 29 1938

19. UNDERTAKER Chas. F. Kraus Sons Inc.
(Address) 918 W. Fort Royal Ave.

20. FILED NOV 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Nov 26, 1938

I last saw him alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolus — Date of onset Nov. 16, 1938

Other contributory causes of importance:

Chr. myocardial degeneration

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. N. Hayward, M. D.

(Address) 13 E Eager St, Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52413

CERTIFICATE OF DEATH

82-B F 52413

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 St. 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran specify WAR No

(a) Residence: No. 1402 Homestead St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Percy

6. DATE OF BIRTH (month, day, year) June 4 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 ?	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Richard T. Downs

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Rachel E. Hodges

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/1 1938

19. UNDERTAKER McCoy

(Address) 1217 E. Pond St.

20. FILED NOV 28 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27 1938

22. I HEREBY CERTIFY, That I attended deceased from November 21 1938 to November 27 1938

I last saw her alive on November 27 1938. Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	11-19-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52414

CERTIFICATE OF DEATH

107-a

F 52414

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna E. Simpson

If U. S. Veteran specify WAR

(a) Residence: No. 517 Hilton Ave., Govans, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of Henry C. Simpson
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/7/1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
97	97	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME H.

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Amelia Thompson

16. BIRTHPLACE (city or town) unk.
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Drummond Date 11/29/38

19. UNDERTAKER Wm Cook
(Address) 1210 E Gould

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1938. to November 26, 1938.

I last saw her alive on November 26, 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-17-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. des Fontelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52415

CERTIFICATE OF DEATH

131 F 52415

1. PLACE OF DEATH Aged Womens Home

Registered No.

CITY OF BALTIMORE: (No. 1100 N Lexington St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. de.

2. FULL NAME Anna E Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 1100 N Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: William E Mitchell

6. DATE OF BIRTH (month, day, year) Nov. 25. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thornton Mozingo

14. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

MOTHER

15. MAIDEN NAME Mildred Lomax

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Mozingo

(Address) 1100 N. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Dec 2, 1938

19. UNDERTAKER J. Wm Cole

(Address) 1212 E Pratt St

20. FILED 11/28/38 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1928 to November 27, 1938

I last saw her alive on November 26, 1938. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic.	
Arteriosclerosis, generalized.	
Nephritis, chronic.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edwin B Goodall M. D.

(Address) 1115 St. Paul St., City.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52416

CERTIFICATE OF DEATH

48 F 52416

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Jennison St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence W. Harrison If U. S. Veteran specify WAR NO

(a) Residence: No. 1234 E. Fort Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert W. Harrison

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Protsi Halfpenny
(Address) 1234 E Fort Av

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 11 30 38

19. UNDERTAKER Tillman & Son
(Address) 1217 E Fort Av

20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1938, to Nov 26, 1938

I last saw h alive on Nov 26, 1938 Death is said to have occurred on the date stated above, at 645 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	6 days
Other contributory causes of importance:	

Was an operation performed? Yes. Date of Aug 1938

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. F A Stevens M. D.

(Address) 2878 Hartford Rd

Keilholtz ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52417

48 F 52417

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alberta Keilholtz

(a) Residence: No. 830 Hampden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 12/15/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George Jetsen

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sarah Foster

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Date 11-29-38

19. UNDERTAKER Bernard E. Hartke

(Address) 121 E. Hoffman St

20. FILED NOV 28 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-7 . 1938 to 11-26 . 1938

I last saw her alive on 11-26 . 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1937
Arteria Sclerotic heart disease with heart failure	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

8 8

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52418 CERTIFICATE OF DEATH H6-B F 52418

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1474 Stevenson St.) (Ward) 28th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F Hartman

If U. S. Veteran specify WAR

(a) Residence: No. 1474 Stevenson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Thomas

6. DATE OF BIRTH (month, day, year) Oct 4 1875

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	63	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John C Hartman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Deborah Hauschodel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Margaret Hartman

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 30 1938

19. UNDERTAKER Geo L Stevens

(Address) 1301 E Pratt Balto.

20. NOV 28 1938 Huntington Md (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 10 18 1938 to 11 27 1938

I last saw him alive on 11 26 1938 at 10 a.m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach (Inoperable)

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? X-ray Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224 Hollins St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52419

CERTIFICATE OF DEATH

46-E F 52419

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 4 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME John A. Ruth

(a) Residence: No. 1717 N. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Sept. 23, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transit Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A Ruth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Richter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Alexander
(Address) 1717 N. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem. Date 11/30 1938

19. UNDERTAKER Geo. A. Fanlon
(Address) Fulton & Hamilton Aves

NOV 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938 to November 27, 1938

I last saw him alive on November 27, 1938 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Malignant Hemangiomata (Generalized)	?
Other contributory causes of importance:	
Benign Prostatic Hypertrophy & Urinary Retention	2

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. G. Lewis M. D.

(Address) Mercy Hospital

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52420

CERTIFICATE OF DEATH

93 F 52420

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Pronounced dead when arrived at West Balto Gen Hospital (Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Peter Sullivan

(a) Residence: No. 503 Edgewood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lonsdale Ct Reporter Court

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ethelinda Cooper

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs Mary F. Rachbuchy

(Address) 503 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Nov 29 1938

19. UNDERTAKER Geo C. Furlong

Address Hargrave & Fulford

20. FILED NOV 28 1938 Huntington Pollitt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above 5:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hann Coroner M. D.

(Address) 215 Hanover

V 8 6

RAVINIS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52421

CERTIFICATE OF DEATH

34-95 B

F 52421

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antonina Ravanis or Ravinis

If U. S. Veteran specify WAR .....

(a) Residence: No. 2216 Boston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victor Ravinis

6. DATE OF BIRTH (month, day, year) Feb 18, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanislaus Bordowo

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Victor Ravinis

(Address) 2216 Boston St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Cem. Date Nov 29 1938

19. UNDERTAKER Stephen J. Falkowski

(Address) 1002 S. Haywood Ave

20. FILED NOV 28 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1938 to November 25, 1938

I last saw her alive on November 25, 1938 Death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Renal	
Cerebral Hemorrhage	
Coronary Occlusion ?	
Other contributory causes of importance:	
Syphilis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hellgard Cohn, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52422 T 52422

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 525 Mt Holly St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Henry Peters Sr

If U. S. Veteran specify WAR

(a) Residence: No. 525 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Minnie Peters

6. DATE OF BIRTH (month, day, year) June 25. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1933 | 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John A Peters

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret Lick

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Minnie Peters
(Address) 525 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL
Name Cathedral Date 11-3-, 1935

19. UNDERTAKER J. McCook
(Address) 1217 E Lexington St

20. FILED 19 Registrar.

NOV 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1937 to 19

I last saw h alive on Nov 27, 1935 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4/1 1937
Other contributory causes of importance: Coronary Thrombosis	Oct 26 1937

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A Lacy, M. D.

(Address) 3517 Edmondson Ave

423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52423

CERTIFICATE OF DEATH

✓ 92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E. 20th St. 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME William Henry Parsons

If U. S. Veteran specify WAR .....

(a) Residence: No. 326 E. 20th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	divorced

5a. If ~~married, widowed,~~ or divorced HUSBAND of ~~or WIFE of~~ — — —

6. DATE OF BIRTH (month, day, year) July 16-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locomotive Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, City, Md.

FATHER

13. NAME James Parsons

14. BIRTHPLACE (city or town) (State or country) Balto, City, Md

MOTHER

15. MAIDEN NAME Mary E weaver

16. BIRTHPLACE (city or town) (State or country) Balto, City, Md

17. INFORMANT Emma Chilcoat

(Address) 326 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 30th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

Huntington Feldwisch, Jr.

(Registrar)

20. DATE RECEIVED NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938 to Nov 27, 1938

I last saw him alive on Nov 27, 1938 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luigi S. DiStefano M. D.

(Address) 407 N. Eutaw St

52424

HEALTH DEPARTMENT—CITY OF BALTIMORE

52424

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Boarman Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Keuchen

If U. S. Veteran specify WAR .....

(a) Residence: No. 3814 Boarman Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Magdalene B.

6. DATE OF BIRTH (month, day, year) Aug 22-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt Piano Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stieff Piano Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Julius Keuchen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Brandt

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Magdalene B Keuchen

(Address) 3814 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11/30, 1938

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

20. FILED NOV 29 1938 H. C. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH 1½ PM

21. DATE OF DEATH (month, day, year) Nov. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h.. alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach D - Intestinal obstruction	

Other contributory causes of importance:

Paralytic Ileus	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

GKG

52425

HEALTH DEPARTMENT—CITY OF BALTIMORE

52425

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Book

(a) Residence: No. 2506 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Bard Book

6. DATE OF BIRTH (month, day, year) May 3, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Booth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Book

(Address) 2506 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Rd. Date Nov 29 1938

19. UNDERTAKER Sol Levinson Bros

(Address) 1124-26 W. North Ave

20. FILED 19 Registrar

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address)

OCCUPATION IS VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 52426

52426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E. Biltmore St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Blumenfeld

(a) Residence: No. 1006 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bernard

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mos Fishman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hunter ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bernard Blumenfeld

(Address) 1006 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rd Cemetery Date Nov 29 1938

19. UNDERTAKER Sol Levinson Bros

(Address) 1124-26 E North Ave

20. FILED NOV 29 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1938

22. I HEREBY CERTIFY, That I last attended deceased from Jaguary to Jaguary, that I last saw her on [illegible] day of [illegible] and that death occurred on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A Wolfe, M. D.

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

52427 F 52427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Cottage ave St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Isidore Goldman

(a) Residence: No. 3612 Cottage ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Late Sarah

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolfe Goldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rohacka

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT R. Goldman

(Address) 3612 Cottage ave

18. BURIAL, CREMATION, OR REMOVAL Pikesville Hebrew Cemetery Date Nov. 29. 1938

19. UNDERTAKER H. Rubenson & Bro

(Address) 1124-26 W. North ave

20. FILED NOV 29 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/6/37 19 to 11/28/38 19 38

I last saw h alive on 11/27/38 19 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. Ginsberg M. D.

(Address) 2020 Eutaw pl

52428

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52428

CERTIFICATE OF DEATH

COK--39265

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 45 St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John P. Charles

(a) Residence: No. 4301 Sheldon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Peters Charles

6. DATE OF BIRTH (month, day, year) 10-12-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	53	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster (State or country) Pa.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) Pa. Lancaster (State or country)

MOTHER

15. MAIDEN NAME Mrs. Albright

16. BIRTHPLACE (city or town) Pa. Lancaster (State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cathedral Date Nov 30 1938

19. UNDERTAKER Francis V. Corbitone
(Address) 2317 E. Baltimore Street

20. FILED ..... 19 ..... Registrar.

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1938 to November 26, 1938

I last saw him alive on November 26, 1938. Death is said to have occurred on the date stated above, at 10:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-23-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. G. De Sautelle M. D.

(Address) Baltimore City Hospitals

52429

HEALTH DEPARTMENT—CITY OF BALTIMORE (52429)

CERTIFICATE OF DEATH

✓ 35a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3163 Leeds St. 20-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola F Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 3163 Leeds St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Williams

6. DATE OF BIRTH (month, day, year) 2-15-1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Tuck

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Williams

(Address) 3163 Leeds St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Dec. 1, 1938

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 322 S Stricker St

20. FILED ..... 19.... ..... Registrar.

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 11/1 1938 to 11-27 1938

I last saw her alive on 11-27-1938 Death is said to have occurred on the date stated above, at 11 55 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism — Date of onset 11/27

Cerebral Thrombosis

Pelvic abscess

Other contributory causes of importance: over

Was an operation performed? yes Date 11/19/38

For what disease or injury? Pelvic abscess

Name of operation Laparotomy

What test confirmed diagnosis? Clinical Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. F. Lanpher M. D.

(Address) 600 Hamilton St.

8 K

F 52430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52430

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Carlton St. 18-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Garnett

(a) Residence: No. 114 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	negro.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Garnett

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

13. NAME Eveline

14. BIRTHPLACE (city or town) (State or country) Easton

FATHER

15. MAIDEN NAME Easton

16. BIRTHPLACE (city or town) (State or country) Easton

17. INFORMANT William Garnett

(Address) 114 N. Carlton

18. BURIAL, CREMATION, OR REMOVAL Mount Hope Cemetery Date Nov 29, 1938

19. UNDERTAKER Wales F. Williams

(Address) 512 N. Schroeder St

20. FILED NOV 29 1938 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sequestration Thrombus	?

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. Hamm M. D.
Coroner

(Address) 182 W Baltimore 21

HEALTH DEPARTMENT—CITY OF BALTIMORE

52431 F 52431

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 George St. 17-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurence Toomey

If U. S. Veteran specify WAR

(a) Residence: No. 642 George St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Toomey

6. DATE OF BIRTH (month, day, year): Mar. 1 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: James Toomey

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Smith

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Susie Smyth

(Address) 642 George St

18. BURIAL, CREMATION, OR REMOVAL

Place: Union Memorial Date: Nov 30 1938

19. UNDERTAKER: Mrs Frances A. Kemler

(Address) 538 Biddle St.

20. FILED ... 19... Registrar

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1938 to Nov 27, 1938

I last saw him alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	unknown
Chr. Nephritis	unknown

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Benj Adams M. D.

(Address) 1507 N Caroline St

52432 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V 52432

CERTIFICATE OF DEATH 39116 V 82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leanor Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 2419 Oak St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lolia B. Taylor

6. DATE OF BIRTH (month, day, year) 10/1/1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME David A. Taylor

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Carrie Saunders

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11/29 1938

19. UNDERTAKER Chas H Glyn & Son
(Address) 1200 McCulloh St

20. FILED 19
Registrar.

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26 1938

22. I HEREBY CERTIFY, That I attended deceased from November 18 1938 to November 26 1938

I last saw him alive on November 26 1938 Death is said to have occurred on the date stated above, at 8:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-18-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeLaville M. D.

(Address) Baltimore City Hospitals

52433 **HEALTH DEPARTMENT—CITY OF BALTIMORE** R52433

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Mercy Hosp. St. 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J Kane (KANE) — If U. S. Veteran specify WAR W W

(a) Residence: No. 411 Walrad Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or WIFE of)~~ husband of Mrs. Chas. Kane (2)

6. DATE OF BIRTH (month, day, year) May 3-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	47	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month, day, year) 11-23-38
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Kane
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary McClellan
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Chas. Kane
(Address) 411 Walrad Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Dulle National Date 11/30/38

19. UNDERTAKER Robert Brooks Olson
(Address) Calhoun & Hoffman Ave

20. FILED NOV 29 1938 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938 to Nov. 28, 1938

I last saw ~~him~~ alive on Nov. 28, 1938 Death is said to have occurred on the date stated above, at 2 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/25/38
Other contributory causes (Importance) Hypertensive Cardio-vascular disease	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm T. Schaefer M. D.

(Address) Mercy Hosp., Balto.

52434

HEALTH DEPARTMENT—CITY OF BALTIMORE

52434

CERTIFICATE OF DEATH

✓ 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 Mt Royal Ave St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elise Contee Woolton

If U. S. Veteran specify WAR .....

(a) Residence: No. 2122 Mt Royal Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard C. Woolton

6. DATE OF BIRTH (month, day, year) Apr. 23, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md.

FATHER

13. NAME John Contee

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md

MOTHER

15. MAIDEN NAME Mary L. Tolliffe

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mr. Wm. D. Woolton

(Address) 3700 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov. 29, 38

19. UNDERTAKER Wm. Pickup Sons

(Address) Pont & Pa Aves

20. Filed ..... 19 ..... Registrar.

Dec 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1938 to Nov 27 1938

I last saw h.. alive on Nov 20 1938. Death is said to have occurred on the date stated above, at 6:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Senility	
Pneumonia	1 week
Contributory Cerebral Arteriosclerosis	abt '35
Contributory Prostatic Hypertrophy	abt 24

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Franklin Jr. M. D.

(Address) 3900 N. Charles St

52435

HEALTH DEPARTMENT—CITY OF BALTIMORE

52435

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Hanover St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank Thomas Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 1217 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lily Clark

6. DATE OF BIRTH (month, day, year) March 7 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tool Co

10. Date deceased last worked at this occupation (month and year) June 38

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Mt Pleasant Penn

FATHER

13. NAME Josiah Shelley Clark

14. BIRTHPLACE (city or town) (State or country) Lewistown Penn

MOTHER

15. MAIDEN NAME Sarah Margaretta Gardner

16. BIRTHPLACE (city or town) (State or country) Sunbury Penn

17. INFORMANT Mrs. Lily Clark

(Address) 1217 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lauren Hill Date Nov 3 1938

19. UNDERTAKER Lemmon Funeral Home

(Address) Lexington & Howard Sts.

20. FILED ..... 19.... Registrar.

NOV 29 1938 Health Department, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/11/38, 19.... to 11/27/38, 19.... I last saw h... alive on 11/27/38. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of ..... 19....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) 1217 Hanover St.

52436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52436

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Ave. St. 27-8 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles B. Hollstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 503 Northern Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Meyer

6. DATE OF BIRTH (month, day, year) Jan. 6, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bolgiano Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Hollstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Harman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Arthur W. Hollstein

(Address) Northwood Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Ce, Date 11-29-38

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... Registrar

NOV 29 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Nov. 27, 1938, 19

Where did injury occur? Blto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Nov. 27 at York Rd. & Lake Av

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 2757 W. North Ave

52437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52437

CERTIFICATE OF DEATH

✓+ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. ✓+ Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME HARRY B AKERS

If U. S. Veteran specify WAR .....

(a) Residence: No. WESTMINSTER RFD #1 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Margaret E. Rundle

6. DATE OF BIRTH (month, day, year) Nov. 17, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72 74	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Edward Akers

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Louisa A. Passey

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mrs. Leonora A. Dawson

(Address) 1515 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov. 30, 1938

19. UNDERTAKER John O. Mitchell Funeral Home

(Address) 1900 Eutaw Place

20. FILED NOV 29 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/1938

22. I HEREBY CERTIFY, That I attended deceased from 11/6/1938 to 11/27/1938.

I last saw him alive on 11/27/1938 Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY THROMBOSIS	11/27/38
PULMONARY EMBOLISM	11/27/38
FIBRINOUS PLEURITIS, RT	?
HYDROTHORAX, RT	?

Other contributory causes of importance:

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Francis G. Dickey M. D.

(Address) UNIVERSITY HOSPITAL

OCCUPATION is very important. See instructions on back of certificate.

GKelly

F 52438

F 52438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Presstman St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Cowley

If U. S. Veteran specify WAR

(a) Residence: No. 1841 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

4a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Cowley

6. DATE OF BIRTH (month, day, year): 1898

7. AGE: Years 40 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoestore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0 7

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Virginia Campbell

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Mary Cowley

(Address) 1841 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Mem Park Date: 11/30 38

19. UNDERTAKER: William A Jackson

(Address) 916 Pennsylvania ave

20. FILED 19 Registrar

V 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Asphyxia — Date of onset: 11/26/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Geo [illegible] M. D.

(Address) 50 Fremont Ave Coroner

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52439

52439

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. Carolina St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 15 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Missouri Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 215 S. Carolina St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Madison Ga.

FATHER

13. NAME Samuel Robinson

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Jeanette

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Minnie Williams
(Address) 215 S. Carolina St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodfay Ga Date 11/30/38

19. UNDERTAKER William A Jackson
(Address) 916 Penna Ave

20. FILED ... 19 ... Registrar.

11.29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Nov 28 1938

I last saw h... alive on Nov 25 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - Renal	Nov 35
Other contributory causes of importance:	over

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

F 52440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52440

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Shirley Ave St., 15-43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie (Amelia) Freedlein

If U. S. Veteran specify WAR

(a) Residence: No. 2524 Shirley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balt

FATHER

13. NAME Frances Shirley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Fisher

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Mr. Francis Freedlein

(Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Lorraine Cemetery Date Nov. 29 1938

19. UNDERTAKER Long Bros

(Address) 3327 Gwynn Oak Ave

20. FILED Nov 29 1938 Harry [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Degeneration	
Other contributory causes of importance: Cerebral Hemorrhage	4 mos ago

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Claus M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

NOV 29 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52441 *

CERTIFICATE OF DEATH

F 52441 *

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Penna ave St., 14 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Stanley

If U. S. Veteran specify WAR ....

(a) Residence: No. 1831 Penna Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Stanley

6. DATE OF BIRTH (month, day, year) 7/4/82

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country) N C.

17. INFORMANT Joseph Stanley

(Address) 1831 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cemetery Date NOV 30 1938

19. UNDERTAKER Thos. G Kelso

(Address) 1202 Pennsylvania ave.

20. FILED NOV 30 1938, 19 ... Registrar.

Huntington Fitzgerald, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 10 30, 1938, to 11-27-, 1938

I last saw her alive on 11-27, 1938. Death is said to have occurred on the date stated above, at 6 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cardio - Renal disease	
Uremia	11/23/38
Apoplexy	

Other contributory causes of importance:

Was an operation performed? NO Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ....

(Signed) L. L. Lacson M. D.

(Address) 1202 Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

52412 52412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-X-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Argyle ave St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carmelia Lee

(a) Residence: No. 1320 Argyle ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred Lee

6. DATE OF BIRTH (month, day, year) 1868

7. AGE: Years 70 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co, Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Sadie Smith
(Address) 1510 Pennsdale St

18. BURIAL, CREMATION, OR REMOVAL
Place White Stone, Va Date Nov 30 1938

19. UNDERTAKER Thos. E. Kelson
(Address) 1302 Presstman St

20. FILED 19 Registrar

Nov 30 1938

Huntington Ferry, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said decedent came to death on the day stated above. 2:55 PM,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
(Coma)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Kann M. D.
Coroner

(Address) 710 Hanover St

F 52443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52443

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 N. Gilmor St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Holmes.

If U. S. Veteran specify WAR

(a) Residence: No. 1426 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Holmes.

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Gaskins

(Address) 1426 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 29 19 38

19. UNDERTAKER Thomas G. Kelem

(Address) 202 Pennsylvania Ave.

20. FILED Nov 29 1938 Huntington Everett, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 1938 to 11/26, 1938.

I last saw him alive on Nov 26, 1938 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/18/38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. H. Bifoss M. D.

(Address) 1536 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

V 6 B

52444 HEALTH DEPARTMENT—CITY OF BALTIMORE 52444

CERTIFICATE OF DEATH

1. PLACE OF DEATH 737 N. Kenwood Ave 193-C

CITY OF BALTIMORE: (No. ..... St., 7-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 31 yrs. ... mos. ... ds.

2. FULL NAME Samuel Potera

If U. S. Veteran specify WAR —

(a) Residence: No. 732 N. Kenwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Frances Potera

6. DATE OF BIRTH (month, day, year) Aug. 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Potera

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME No

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT L. Castella

(Address) 632 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL Secretary

Place Holy Redeemer Nov 30/38 1938

19. UNDERTAKER Chas B. Kuchaysky & Co

(Address) 637 S Paca St

20. FILED Huntington Pollard, Jr. Registrar.

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept ..., 1938, to Nov. 27, 1938

I last saw h... alive on Nov. 27, 1938. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	11/27/38
Other contributory causes of importance: Hypertension chronic nephritis	?

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Sobital, M. D.

(Address) 457 N Kenwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

52445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52445

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 917 W. Mulberry St., 18-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Burrell

(a) Residence: No. 917 W. Mulberry St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adelaid Burrell

6. DATE OF BIRTH (month, day, year) Sept 1 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Williamsburg Va

FATHER

13. NAME Jasper Burrell

14. BIRTHPLACE (city or town) (State or country) Williamsburg Va

MOTHER

15. MAIDEN NAME Susan Randolph

16. BIRTHPLACE (city or town) (State or country) Williamsburg Va

17. INFORMANT Adelaid Burrell

(Address) 917 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 30, 1938

19. UNDERTAKER Mrs Katie R Williams

(Address) 325 N. Schroeder St

20. FILED ..... Registrar

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938, to Nov 26, 1938

I last saw him alive on Nov 25, 1938. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-19-38
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D McRae M. D.

(Address) 1126 Druid Hill

OCCUPATION is very important. See instructions on back of certificate.

52446

HEALTH DEPARTMENT—CITY OF BALTIMORE 52446

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 19-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna Irene Oliver

(a) Residence: No. 502 Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Oliver

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Father Warren med (Address) 413 S Carey St

18. BURIAL, CREMATION, OR REMOVAL Place St. Peters Date Nov 30, 1935

19. UNDERTAKER Mrs Katie R Williams (Address) 3221 Edmondson St

20. FILED NOV 29 1935 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1935, to November 27, 1935

I last saw h.. alive on November 27, 1935 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	
Pericarditis	
Other contributory causes of importance:	
Coronary Sclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Amyot M. D.

(Address) St. Joseph's Napa

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52447

CERTIFICATE OF DEATH

F 52447

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Wolfe Frand

If U. S. Veteran specify WAR .....

(a) Residence: No. 1011 N. Lombard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870 ? [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Weber Sholar Date 11-29-38

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Baltimore St

20. FILED Huntington Williams, M.D. Registrar.

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1938, to November 28, 1938

I last saw him alive on November 28, 1938. Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	11-26-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. DeSantis M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52448

CERTIFICATE OF DEATH

F 52448

1. PLACE OF DEATH West Balto. Penal Hosp. 108 Registered No.

CITY OF BALTIMORE: (No. ..... St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Fishman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1812 Linton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 22 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Isaac Fishman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Fox

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Her Note

(Address) Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 11/29/38

19. UNDERTAKER Wm. Louis Sons

(Address) 922 E. Baltimore St.

20. FILED ..... 19 .....

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1938, to Nov. 28, 1938.

I last saw h[illegible] alive on Nov. 28, 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Toxemia	
Terminal collapse	
Other contributory causes of importance:	
Chronic Rheumatic Heart Disease	
Epilepsy, ? idiopathic	

Was an operation performed? 0 Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Fishman M. D.

(Address) West Balto Gen. Hosp.

NOV 29 1938 Lexington Millicent, Md

F 52449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52449

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Leistertown Rd Ward) 45-12 Registered No. 53-D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Cohen If U. S. Veteran specify WAR

(a) Residence: No. 3904 Leistertown Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4-1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Cohen
(Address) 3904 Leistertown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Levy Lodge Date 11/29/38 19

19. UNDERTAKER Levy Bros
(Address) 1434 Park Ave

20. FILED 19 Huntingtown, Maryland
Registrar.

NOV 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9 1938 to November 28 1938

I last saw h alive on November 28 1938 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ewing's tumor	
sarcoma,	
with metastasis	

Other contributory causes of importance:

Was an operation performed? yes Date of Nov 11, 1937

For what disease or injury? same

Name of operation Tumor of left leg. microscopic

What test confirmed diagnosis? X-ray. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Kurt Levy M. D.

(Address) 2301 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

52450

HEALTH DEPARTMENT—CITY OF BALTIMORE

52450

CERTIFICATE OF DEATH

52 cc

1. PLACE OF DEATH Balto. City Hospitals

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anton Ranch

(a) Residence: No. 311 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Doudy

(Address) 2039 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Nov 30 38

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 S. Monroe St

Nov 30 1938

Huntington Ave

Registrar

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Lobar Pneumonia	4 days
II Exfoliation of Upper	2 years
III Injury to head (age)	time
IV Bleeding from left ear	Nov. 27 1938

Other contributory causes of importance: Cataract both eyes — 4 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 171 N. Bond St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52451 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52451

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME E. Leroy Cooper (Jackson)

If U. S. Veteran specify WAR

(a) Residence: No. 531 N. Central Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-18-1898

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
40	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 40 Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Cooper

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Olivia Jackson

16. BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ Md.

17. INFORMANT Self

(Address) 531 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 11-29-38

19. UNDERTAKER Parker Sanders

(Address) 1413 E. Preston St.

20. FILED NOV 29 1938 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938 to Nov. 26, 1938

I last saw him alive on Nov. 26, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	11.19.38
Consecutive Heart Failure	11.5.38
Hypertensive cardiovascular disease	"

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. H. Levin, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52452

CERTIFICATE OF DEATH

MB 122-B 981 F 52452

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 Ward) 36

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Wilberg (also known as Albert Wilberd) If U. S. Veteran specify WAR

(a) Residence: No. No Home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/26/1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	26	

OCCUPATION

a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

b. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norway (State or country)

FATHER

13. NAME Waldeman

14. BIRTHPLACE (city or town) Norway (State or country)

MOTHER

15. MAIDEN NAME Constance Tiller

16. BIRTHPLACE (city or town) Norway (State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 29 1938
Commissioner of Health

19. UNDERTAKER Fan M. A. Moore
(Address)

20. FILED NOV 29 1938 19 Registrar

3155

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1938 to 11-22, 1938

I last saw him alive on 11-21, 1938 Death is said to have occurred on the date stated above, at 12 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus Sigmoid Colon	?
Intestinal Obstruction	?
Broncho pneumonia	four days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-12-38

For what disease or injury?

Name of operation Release Volvulus & Obstruction

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Venture No If so, specify

(Signed) L. Wildermuth M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

52453

HEALTH DEPARTMENT—CITY OF BALTIMORE

52453

CERTIFICATE OF DEATH

× 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Wm. Hendrick Hendrickson

If U. S. Veteran specify WAR

(a) Residence: No. 7808 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M.

6. DATE OF BIRTH (month, day, year) Sept-14-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	61	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard Bro.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Eidsvoss

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Mary M. Hendrickson

(Address) 7808 Eastern Ave Balt.

18. BURIAL, CREMATION, OR REMOVAL

Place Ca/c Lawn Date 11 30 1938

19. UNDERTAKER Wm. S. Tomalty

(Address) East Balto

20. NOV 29 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-25-1938 to 11-27-1938

I last saw him alive on 11-27-1938. Death is said to have occurred on the date stated above, at 8:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-17
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edw. S. Olson M. D.

(Address) 1 E Hamilton

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

WINDER WONCUS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52454

CERTIFICATE OF DEATH

C.M.--35579

48 F 52454

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Winder Woncus

If U. S. Veteran specify WAR

(a) Residence: No. 136 W. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-6-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Woncus

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophs

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lucas Date 12/1 1938

19. UNDERTAKER William A Jackson

(Address) 916 Pleasant

20. FILED NOV 29 1938 19 Thos. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-9 1938 to 11-27 1938

I last saw her alive on 11-27 1938 Death is said to have occurred on the date stated above, at 8.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix with metastases	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

8

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52455

CERTIFICATE OF DEATH

107-a

F 52455

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7136 Roland Ave St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel L. Sweeny

(a) Residence: No. 7136 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary L. Sweeny

6. DATE OF BIRTH (month, day, year) Dec 20-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	11	8	

OCCUPATION

a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Agent

b. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 22 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

13. NAME OF FATHER Daniel Sweeny

14. BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Hester Kohler

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Grace Sweeny 7136 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Nov. 30. 1938

19. UNDERTAKER (Address) Horace F. Burgee 3631 Falls Road Huntington Baltimore Md.

20. FILED NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1936 to Nov 28 1938

I last saw him alive on Nov. 28 1938. Death is said to have occurred on the date stated above, at 9.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	2 years
Arteriosclerosis,	
Terminal Infection - Bronchopneumonia	2 days
(Temperature 102 - chyne stokes)	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms & examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm A Fentocher M. D.

(Address) 1 Wyoga Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52456

HEALTH DEPARTMENT—CITY OF BALTIMORE

52456

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3521 Sweet Air St. 43-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A. Switzer.

If U. S. Veteran specify WAR .....

(a) Residence: No. 3521 Sweet Air St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie A. Switzer

6. DATE OF BIRTH (month, day, year) July 2, 1881.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Samuel Switzer

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Naomi Stanton

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Bessie A. Switzer

(Address) 3521 Sweet Air St

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Dec 1 19 38

19. UNDERTAKER Thompson & Son

(Address) 3615-17 Eastern Ave.

20. FILED NOV 29 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10- 1938 to 11-28- 1938

I last saw h[illegible] alive on 11-27- 1938 Death is said to have occurred on the date stated above, at 4.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7 yrs.
Other contributory causes (conditions) Cerebral Hemorrhage	3 d

Was an operation performed? X Date of X

For what disease or injury? X

Name of operation X

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ..... 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury X

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, how? .....

(Signed) A. Hellmuth M. D.

(Address) 1340 E. Chase

OCCUPATION is very important. See instructions on back of certificate.

52457 HEALTH DEPARTMENT—CITY OF BALTIMORE 52457

CERTIFICATE OF DEATH

9 + B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1347 Clipper Heights Ave. Ward.

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Presley Johnson.

(a) Residence: No. 1347 N. Clipper Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Johnson.

6. DATE OF BIRTH (month, day, year) March 5, 1866

7. AGE: Years 72 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Johnson.
(Address) 1347 Clipper Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hampstead Date Dec 1, 1938

19. UNDERTAKER Thenouse & Son.
(Address) 3615-17 Chesterfield Ave.

20. NOV 29 1938 19 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1938 to Nov 27 1938

I last saw him alive on Nov 27 1938 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 11/21/38

Other contributory causes of importance: Coronary thrombosis — Nov 8/38

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Thyroid & Pituitary Feeding

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. Feiss M. D.

(Address) 1601 Fairmount Ave. Balto. Md.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

52458

HEALTH DEPARTMENT—CITY OF BALTIMORE

52458

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 hrs 13 min yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Formwalt

If U. S. Veteran specify WAR

(a) Residence: No. Union Memorial Hosp. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8 hrs. 13 min			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herbert Charles Formwalt.

14. BIRTHPLACE (city or town) (State or country) Muscomber Alabama

MOTHER

15. MAIDEN NAME Adele Wise

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Herbert Charles Formwalt.

(Address) 2401 Bolton Lane, City

18. BURIAL, CREMATION, OR REMOVAL

Fairmount Cem. Date Nov 29 38

19. UNDERTAKER McCleaves Cook

(Address) 1217 St Paul Street

Huntington Terrace Baltimore, Md.

20. FILED NOV 29 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10.42AM, 11-28, 1938 to 7.55PM, 11-28, 1938

I last saw him alive on 11-28, 1938. Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 6 mos gestation	11-28-38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. Franklin Meaux M. D.

(Address) Union Memorial Hospital

NOV 29 1938

LeRy

BIRTH CERTIFICATE OF DEATH to be properly executed. Read statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52459

CERTIFICATE OF DEATH

177 F 52459

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME If U. S. Veteran specify WAR

(a) Residence: No. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 ~~70~~	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME William S. Pruitt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah A. Ball

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs Sadie B. Sturges 3431 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 11/30/38

19. UNDERTAKER (Address) Geo. Weber & Son 2503 Edmondson Ave

20. NOV 29 1938 Huntington Millington, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/38

22. I HEREBY CERTIFY, That I attended deceased from 11/25/1938 to 11/28/1938

I last saw him alive on 11/28/1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia, right E. Intestinal obstruction	

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/26/38

For what disease or injury? Strangulated Hernia

Name of operation Rt. inguinal herniorraphy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert E. Sheppard M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement in OCCUPATION is very important. See instructions on back of certificate.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52460

CERTIFICATE OF DEATH

66-B

F 52460
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie S. Rochmer

If U. S. Veteran specify WAR

(a) Residence: No. 2875 Mayfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Rochmer

6. DATE OF BIRTH (month, day, year) Aug 14, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles W. Leimbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline W. Wolter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John W. Rochmer 2875 Mayfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 1 1938

19. UNDERTAKER (Address) P. M. & Wm. John W. Teufel & Son 801 W. Fayette St

NOV 29 1938

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938, to Nov 28, 1938

I last saw h[er] alive on Nov 28, 1938. Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
arteriosclerosis	?
Chronic Myocarditis	
Other contributory causes of importance:	
Hypostatic pneumonia	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Arnaut M. D.

(Address) St. Joseph Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52461

CERTIFICATE OF DEATH

35a F 52461

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ...
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ...
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Cemetery Date Dec 1 19 38

19. UNDERTAKER Stephen J. Fruchtman Inc
(Address) 1005 W. Fayette St

20. FILED Huntington Williams Registrar

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1938 to 11-28 1938

I last saw him alive on 11-27, 1938 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Strictures	?
Urinary retention + extravasation	?
Arteriosclerosis	?
Coronary occlusion	11/21/38

Other contributory causes of importance:

Was an operation performed? yes Date of 9/13/38

For what disease or injury?

Name of operation Suprapubic cystotomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J K Woodward Jr M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-aF 52462

F 52462

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 VENABLE AVE St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARGARETTA ANNA KUBER

(a) Residence: No. 608 VENABLE AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FREDERICK KUBER

6. DATE OF BIRTH (month, day, year) MAY 30 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME STEINMETZ

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME DORETHER

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MRS GERTRUDE HERTZMAN
(Address) 608 VENABLE AVE

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Date 11/30 1938

19. UNDERTAKER William Cook
(Address) 1217 St Paul St.

NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28, 1938

22. I HEREBY CERTIFY That I attended deceased from Apr, 1933 to Nov 28, 1938

I last saw her alive on 11/28 1938. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 hrs

Other contributory causes of importance:
Arteriosclerotic Hypertensive Disease

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Exam Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. [illegible] Lear, M. D.

(Address) 705 Medical Arts Baltimore, Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52463

CERTIFICATE OF DEATH

137 F 52463

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ..... (Forster)

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freda

6. DATE OF BIRTH (month, day, year) 2-7-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Baltimore

FATHER

13. NAME Charles Forester

14. BIRTHPLACE (city or town) ..... (State or country) Belgium

MOTHER

15. MAIDEN NAME Perth ?

16. BIRTHPLACE (city or town) ..... (State or country) Belgium

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 12/1 1938

19. UNDERTAKER J. McCoy (Address) 1211 E. Fayette St.

20. FILED Nov 29 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-17-38 to 11-29-1938

I last saw him alive on 11-28-38, 19 38 Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Uremia	2 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Kyd Woodward Jr. M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52461 — CERTIFICATE OF DEATH 38329 (Dr) 47 — F 52464

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Rubert

If U. S. Veteran specify WAR

(a) Residence: No. 1209 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Rubert

6. DATE OF BIRTH (month, day, year) 7/31/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John Rubert (d)

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Elizabeth Smith (d)

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 12/1 '38

19. UNDERTAKER Wm. Cook
(Address) 1217 E. Baltimore

20. FILED NOV 29 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1938 to 11-28 1938

I last saw him alive on 11-28 1938. Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	?
Broncho Pneumonia	few days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) J. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B F 52465
Registered No.

1. PLACE OF DEATH St. Joseph Hospital
CITY OF BALTIMORE: (No. ~~1701 N. Washington~~ St. 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Kolscher
If U. S. Veteran specify WAR.

(a) Residence: No. 1701 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Katherine W. Kolscher

6. DATE OF BIRTH (month, day, year) October 29 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	0	2F	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Art Plate Glass Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME John F. Kolscher
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Amelia Miller
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Katherine W. Kolscher
(Address) 1701 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto - Cem. Date 11/30/38

19. UNDERTAKER Henry H. Wilson
(Address) 4108 Edmondson Ave

DATE RECEIVED NOV 29 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry ... find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber Coroner, M. D.
(Address) Coroner

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

ROLNICK

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52466

CERTIFICATE OF DEATH

91-a F 52466

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 2-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ..... If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 1, 1938

19. UNDERTAKER Wendel & Kroop
(Address) 1406 E. Eager St

20. FILED NOV 29 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1938 to November 27 1938

I last saw her alive on November 27, 1938 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Oct. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. de Lautelle M. D.

(Address) Baltimore City Hospitals

V8 3

F 52467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 52467

Registered No. 1892

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 409 S. Eden St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Reynolds

U. S. Veteran specify WAR

(a) Residence: No. 409 S. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Reynolds

6. DATE OF BIRTH (month, day, year) Sept. 21-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Ey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Clark

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Reynolds
(Address) 409 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsons Date Nov. 30 1938

19. UNDERTAKER Wendell Dysert
(Address) 405 S. Eden St.

20. FILED NOV 29 1938 19 Clinton Williams, M.D.
VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
adopted by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Nephritis	5 Years

Other contributory causes of importance:

Valvular heart disease	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied. Avoid abbreviations. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52468

CERTIFICATE OF DEATH

4108 F 52468
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Graham

If U. S. Veteran specify WAR ...

(a) Residence: No. Mt. Airy, Md St., ... Ward. Louisville Ky.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of Elsie Irene Graham

6. DATE OF BIRTH (month, day, year) Oct 26 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Sept. 38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER
13. NAME Thomas J. Graham
14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

MOTHER
15. MAIDEN NAME Ellen L. Brent
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wesley Graham
(Address) Mt. Airy, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lot Jewish Cemetery Date Dec 1, 38

19. UNDERTAKER C. M. Waltz
(Address) Winfield, Md.

Huntingtown Maryland
Registrar.

FILED NOV 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, autopsy or inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	1 day
Other contributory causes of importance: Pulmonary Abscess (Non Tuberculous) / Pneumonitis	6 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? General History, Findings Where is autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 2360 Eutaw place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52469

HEALTH DEPARTMENT—CITY OF BALTIMORE

52469

CERTIFICATE OF DEATH

√ 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S Augusta 20-8 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S Mohrser

If U. S. Veteran specify WAR

(a) Residence: No. 102 S Augusta Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C Mohrser

6. DATE OF BIRTH (month, day, year): Nov 15 1871

7. AGE: Years 67; Months; Days 12; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. Name: John S Mohrser

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ellen Reynolds

16. BIRTHPLACE (city or town) (State or country): Maryland

17. Informant: Mary C Mohrser

(Address) 102 S Augusta

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date 11/30 38

19. UNDERTAKER: George A Farley

(Address) Forkston + Fayette

Huntington Station

NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 38 19 to Nov 27 19 38

I last saw him alive on Nov 27 19 38 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Hypertension	
Diabetes mellitus	indefinite
Other contributory causes of importance: acute cardiac dilatation	1 day

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place –

Manner of injury –

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Lawyer M. D.

(Address) 3321 Forkston

52470

HEALTH DEPARTMENT—CITY OF BALTIMORE

52470

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Eutaw ave St., 15-th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. King

U. S. Veteran (specify WAR)

(a) Residence: No. 1919 Eutaw ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter King

6. DATE OF BIRTH (month, day, year) Mar 19 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. A. Schaeffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mary E. King

(Address) 1919 E. Eutaw ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bells Dec 2nd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

NOV 30 1938 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Lann, M. D.

Coroner

(Address) 1210 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-50

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52471

CERTIFICATE OF DEATH

93-F 52471
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4027 Falls Road St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia W. Whaley

If U. S. Veteran specify WAR

(a) Residence: No. 4027 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Wm. T. Whaley

6. DATE OF BIRTH (month, day, year) Oct. 20, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Alexander H. Wyatt

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Sarah Wilson

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Chas. W. McCall
(Address) 210 E. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Hill Cemetery Date Dec 1 1938

19. UNDERTAKER Wm. Cook
(Address) 207 St. Paul St.

NOV 30 1938

Huntington Feild (or) Registrar

EKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1937 to Nov. 28, 1938

I last saw her alive on Nov. 14, 1938 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/28/38
Other contributory causes of importance: Coronary artery disease, Hypertension	1 yr.

Was an operation performed? No Date

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. K. Graham M. D.

(Address) 4027 Falls Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52472

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 N. Calvert St. 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Anita Wageley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2130 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND (or) WIFE of: Sherman C.

6. DATE OF BIRTH (month, day, year): Dec 24-1893

7. AGE: Years: 44 | Months: 11 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): X | 11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Gotfried Lehmidt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Bertha

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Sherman C. Wageley

(Address) 2130 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mowland Pk. Date 12/1 19 38

19. UNDERTAKER: Wellyard Cook

(Address) 1247 St Paul St.

20. FILED ..... 19 .....

Huntington Registrar.

NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

6 1st PM

21. DATE OF DEATH (month, day, year): Nov. 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1938 to Nov. 29 1938

I last saw h.. alive on Nov. 29 1938. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance.	
Fatty Heart - Chronic	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. T. Bouchelle M. D.

(Address) 2104 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52473 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52473

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Belvedere Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ray Blinder

If U. S. Veteran specify WAR

(a) Residence: No. 2001 Ruxton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosella Blinder

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or mln.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ride

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joe Blinder

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rosella Blinder

(Address) 1826 N. Payson

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Date 11-30 1938

19. UNDERTAKER Paul Leo Dyer

(Address) 1424 E. Baltimore St

20. FILED NOV 30 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/13/38, 19, to 11/29, 1938

I last saw h alive on 11/29, 1938 Death is said to have occurred on the date stated above, at 11:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Ca. - primary in breast - metastasis to spine & sternum	2 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Ellis Barr, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52474

52474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: John Hopkins Hospital 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. veteran specify WAR

2. FULL NAME Absalom Taylor

(a) Residence: No. 424 N. Pattenson Park ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Taylor

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Aaron Taylor

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sagai Taylor

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Taylor Grandson

(Address) 5123 Greenbury ave

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 11-30 1938

19. UNDERTAKER Jack Lowe Jr

(Address) 1439 N Eutaw St

20. FILED NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by such (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autop Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52475

CERTIFICATE OF DEATH

√45-D 38779-PS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 3607 Noble St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 4-26-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Mitchell

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Mathews

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ebenezer Mem. Date Dec 1 1938

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St

20. FILED NOV 30 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-7-38, to 11-28-1938

I last saw h[illegible] alive on 11-28-1938. Death is said to have occurred on the date stated above, at 7.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Jaw with metastasis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Lt. Waterworth Jr M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52476

HEALTH DEPARTMENT—CITY OF BALTIMORE

52476

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Glen Ave., St. 27-20 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arno S. Rosenbaum

If U. S. Veteran specify WAR .....

(a) Residence: No. 3208 Glen Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie F. Rosenbaum

6. DATE OF BIRTH (month, day, year) March 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ---------- Rosenbaum,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. M. Hamburger,
(Address) 3208 Glen Ave.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Mt. Zion Cem. Maspeth, L.I. New York. Date Dec. 1, 1938

19. UNDERTAKER Baird Sondheimer Co.
(Address) 1902 Eutaw Place.

20. NOV 30 1938 Interim for Preliminary MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1935 to Nov 29, 1938

I last saw him alive on Nov 29, 1938. Death is said to have occurred on the date stated above, at 1:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 29, 38
Other contributory causes of importance: Arteriosclerosis	Before 1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Alan Bernstein, M. D.

(Address) 1207 Eutaw Place.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52477 34 6435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52477

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Michael J. Ripple

If U. S. Veteran specify WAR .....

(a) Residence: No. 183 Baynewlin, Jersey City, Ward, N J

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/25/75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leonard Ripple

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Kriss

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT JOHNS HOPKINS HOSPITAL

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Mt. Olivet, Wash. D.C. Date 12/2 1938

19. UNDERTAKER John J. Fahey & Sons

(Address) 1318 Light St.

20. FILED ..... 19.. Registrar

NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to Nov 29, 1938

I last saw h.... alive on Nov 29, 1938. Death is said to have occurred on the date stated above, at 6.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral anemia	9/20/38
Chronic myocarditis	1933
Arteriosclerotic heart disease	1933

Other contributory causes of importance:

Benign Prostatic hypertrophy	1935
Urinary tract infection - aerobacter	July 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John J. Rainer M. D.

(Address) Johns Hopkins Hosp. Balto.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52478

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH South Balto. Gen. Hosp.

CITY OF BALTIMORE: (No. 24-3 St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara May Townsend

If U. S. Veteran specify WAR

(a) Residence: No. 1613 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Townsend

6. DATE OF BIRTH (month, day, year) Aug. 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co., Md.

FATHER

13. NAME William Richardson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nellie Ball

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elizabeth T. Sirkis
(Address) 3627 Lucille Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Dec. 2, 1938

19. UNDERTAKER J. Howard Strong
(Address) 715 Light St.,

20. FILED NOV 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1938 to 11-29, 1938

I last saw her alive on 11-29, 1938 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Uremic Coma	?

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis J. Krall, M. D.

(Address) South Balto. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52479

HEALTH DEPARTMENT—CITY OF BALTIMORE

52479

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. Montford Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Joseph Krejci

If U. S. Veteran specify WAR .....

(a) Residence: No. 801 N. Montford Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Krejci

6. DATE OF BIRTH (month, day, year) Feb 26 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Jacob Krejci

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Skerniar

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Krejci
(Address) 801 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date 12/2/38

19. UNDERTAKER Chas E. Schumeyer
(Address) 3603 E. Madison, St.

NOV 30 1938

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/25 1938 to 11/28 1938

I last saw him alive on 11/28 1938 Death is said to have occurred on the date stated above, at 8 hrs 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon Generalized Metastasis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/11/38

For what disease or injury? Carcinoma

Name of operation Colostomy

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas B Marck M. D.

(Address) 801 N Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52480

52480 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52480

CERTIFICATE OF DEATH

V 87-B

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 325 E. Fairmount Ave St., 36-10 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Hartman

If U. S. Veteran specify WAR

(a) Residence: No. 325 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Marie Hartman

6. DATE OF BIRTH (month, day, year) April 24-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Hartman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Katherine Zeiger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Katherine Hartman Wife

(Address) 325 E. Fairmount Ave. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemt. Date Dec. 3 1938

19. UNDERTAKER George W. Zerkle

(Address) 1223 E. Eager St.

20. FILED Dec 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Sudden
	several
	years
Other contributory causes of importance: Infected Syphilis	Some time

Was an operation performed? No Date of

For what disease or injury? Infected right foot

Name of operation Amputation Date of 2 years past

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 111 N. Bond St.

V 30 1938

6

14

E 52481

HEALTH DEPARTMENT—CITY OF BALTIMORE E 52481

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Provident Hospital 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Roosevelt Johnson

(a) Residence: No. 30 N Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie Johnson

6. DATE OF BIRTH (month, day, year) 1907

7. AGE 31 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter Skeeter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville N C

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Georgiana Simmons

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Jessie Johnson
(Address) 30 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov. 30 1938

19. UNDERTAKER E Lloyd Wilson
(Address) 1000 Brantley ave

NOV 30 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
adduced by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset Nov 22 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Allen M. D.
(Address) 502 Division St

V S 6

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52482

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52482

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~837~~ 837 Belgian ave. St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank H. Barnitz

If U. S. Veteran specify WAR

(a) Residence: No. 837 Belgian Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Blanche Barnitz

6. DATE OF BIRTH (month, day, year) July 30, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Francis Barnitz

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel Simmons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. B. B. Barnitz

(Address) 837 Belgian Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/1 1931

19. UNDERTAKER Henry H. Hatfield

(Address) 1 E. Lexington St.

20. FILED Nov 30 1931 Registrar.

NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52483 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52483

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 N Bentalou St., 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Annie Eliza Hoffman

If U. S. Veteran specify WAR

(a) Residence: No. 1204 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorain B. Hoffman

6. DATE OF BIRTH (month, day, year) August 4-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Silas Townsend.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co; Md

MOTHER

15. MAIDEN NAME Susan ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Co; Md.

17. INFORMANT Estelle Marie Elliott
(Address) 1204 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12-2-38

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. [illegible] NOV 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29-, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-28-, 1938, to Nov-30-, 1938

I last saw her alive on Nov-29-, 1938. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	11-28-38

Other contributory causes of importance:
none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Riland., M. D.

(Address) 2532 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH INK AND IN ENGLISH. THIS IS A LEGAL AND PERMANENT RECORD. Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52484 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52484

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lemming Hospital St. 16-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Page

(a) Residence: No. 636 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced (or) WIFE of Harrison Page

6. DATE OF BIRTH (month, day, year) July 3rd 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov. 24

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Mary Bradley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harrison Page

(Address) 636 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/30 1938

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 328 N. Schroeder St.

NOV 30 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Right)	12 hrs
Other contributory causes of importance: Chr. Hyp. Cardiac, Hypertension	5 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A. Abrams M. D.

Coroner

(Address) 2360 Eutaw Place

V. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

52485 E 52485

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton E. Haris

If U. S. Veteran specify WAR .....

(a) Residence: No. 3600 Elm Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Edith Haris

6. DATE OF BIRTH (month, day, year) 8/10/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James R. Haris

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Roxy A. Gosen

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edith Haris

(Address) 3600 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 2 1938

19. UNDERTAKER Geo R. Boyer Jr

(Address) 572 Collins St

20. FILED NOV 30 1938 19 ..... Registrar. Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/26 1938 to 11/29 1938

I last saw him alive on 11/29 1938 Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Other contributory causes of importance: Kidney failure	

Was an operation performed? Yes Date of 10/31/38

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Supra Pubic Prostatectomy

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Fearnaugh Jr M. D.

(Address) Maryland Gen'l Hospital Balto. Md.

V8 8

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52486

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 W. 37th St. 13-6 St. No. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Wagner Holmes.

(a) Residence: No. 1115 W. 37th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Joseph A. Holmes

6. DATE OF BIRTH (month, day, year) March 1-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Dipre

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Chas. W. Geare (Address) 1115 W. 37th St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date Nov. 30 1938

19. UNDERTAKER Geo. L. Beyer Jr. (Address) 512 Hollins St.

20. NOV 30 1938 Huntington Woods Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 to Nov 27 1938

I last saw h[er] alive on Nov. 27 1938. Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral and general arteriosclerosis.	3
Other contributory causes of importance: Myocardial insufficiency.	6 wks

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) W. H. Smith M. D.

(Address) 3429 Chestnut Ave.

WHITE PANEL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 52487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-6

F 52487

Registered No. 1872

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Stiles St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Paternostis

If U. S. Veteran specify WAR

(a) Residence: No. 021 Stiles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Biagio Paternostis

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Jose Pelleti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anna Divita

(Address) 1021 Stiles St. Same

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 11-30 1938

19. UNDERTAKER J. J. Mahoney & Son

(Address) 1515 Light St.

Date Received Nov. 30, 1938

Registrar

NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (from the evidence obtained by said Inquiry and) that said deceased came to her death on the day stated above.

(Signed) Inquiry (Physician, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Cystitis	2 Months
Other contributory causes of importance: Calcular heart disease	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 172 N. Broadway

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52488

CERTIFICATE OF DEATH

94-F 52488

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Bond Court St., 18-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Henry Burman

(a) Residence: No. 830 Bond Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) of — Burman

6. DATE OF BIRTH (month, day, year) — 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 1/1937 | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER, FATHER

13. NAME — Burman

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary Matthews (Niece)
(Address) 638 George St

18. BURIAL, CREMATION, OR REMOVAL
Place Commissioner of Health Date NOV 30 1938 19

19. UNDERTAKER Per H. A. Moore Funeral Home
(Address) Baltimore, Md.

NOV 30 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Chr
Other contributory causes of importance: Chr Epilepsy	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael A Abrams M. D.
Coroner

(Address) 2360 Eutaw place

V S 8

4156

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35-5-023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52489

CERTIFICATE OF DEATH

159 F 52489

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-5 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl White

If U. S. Veteran specify WAR .....

(a) Residence: No. 1737 Orleans St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11/25/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Cath Slaughter

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT JOHNS HOPKINS HOSPITAL Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date NOV 30 1938, 19

19. UNDERTAKER .....

(Address) .....

20. FILED NOV 30 1938 [signature], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938 to Nov. 25, 1938

I last saw her alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	Nov. 25
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4457

52490 HEALTH DEPARTMENT—CITY OF BALTIMORE 52490

CERTIFICATE OF DEATH

94-B

Registered No.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Robert St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long In U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lavinia J. Palmer

If U.S. Veteran specify WAR

(a) Residence: No. 524 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 8, 1871

7. AGE: Years 67 | Months 7 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Co. Va

FATHER

13. NAME: Richard Mayden

14. BIRTHPLACE (city or town) (State or country): Richmond Co. Va

MOTHER

15. MAIDEN NAME: Catharine Brown

16. BIRTHPLACE (city or town) (State or country): Richmond Co. Va

17. INFORMANT (Address): John C. Mayden 524 Robert St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov. 30-38

19. UNDERTAKER (Address): Mrs. George N. Holland 1631 Druid Hill Ave

21. FILED NOV 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938 to Nov 27, 1938

I last saw her alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage & Hemiplegia	Nov 20 1938
Other contributory causes of importance: Coronary Thrombosis Hypertension	Nov 26 1938

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E. Monument St

F 52491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52491

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 11-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Purviance

If U. S. Veteran specify WAR .....

(a) Residence: No. 1209 Druid Hill Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6023

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
1935	

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Peter Purviance

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Johnson

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Dec. 1 19 38

19. UNDERTAKER Mrs. Geo. A. Holland (Address) 163 Druid Hill Ave.

20. FILED Nov 30 19 38 Registrar.

NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1938 to November 29, 1938

I last saw him alive on November 29, 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis, cerebral, middle and anterior cerebral arteries	Unknown

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. L. Wollenweber M. D.

(Address) U.S. Marine Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52192

CERTIFICATE OF DEATH

131 F 52192

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 N. Lake Ave St., 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Willcox Norton

If U. S. Veteran specify WAR

(a) Residence: No. 800 N. Lake Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Whyte Norton

6. DATE OF BIRTH (month, day, year) Jan. 7th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business man (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Illinois

FATHER

13. NAME Edwin Norton

14. BIRTHPLACE (city or town) (State or country) Rockford Ill.

MOTHER

15. MAIDEN NAME Lucy Akin

16. BIRTHPLACE (city or town) (State or country) South Yarmouth Mass.

17. INFORMANT Henrietta Norton Townsend (Address) 800 N. Lake Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date Dec 2nd 1938

19. UNDERTAKER Henry J. Haukins Sons Inc (Address) Eutaw & McCulloh Sts

Filed NOV 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1938 to Nov. 30th, 1938

I last saw h alive on Nov. 30th 1938. Death is said to have occurred on the date stated above, at 12:47 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Nov 25th 1938
Other contributory causes of importance: Chronic nephritis with arterial hypertension	Jan 1st 1938

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm. R. Debey M. D.

(Address) Ruxton, Md

VS A

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52493

CERTIFICATE OF DEATH

23 F 52193

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-3 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Jackson (38094)

If U. S. Veteran specify WAR .....

(a) Residence: No. 907 Vincent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 2 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Chisley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Douglass Mem Date 12-1 1938

19. UNDERTAKER Jas. J. Steinmetz
(Address) 1139 Baltimore ave

20. FILED NOV 30 1938 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1938 to November 27, 1938

I last saw him alive on November 27, 1938 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52494 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52494

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 W. North Ave St. 15-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Lena Gunther Ringgold

If U. S. Veteran specify WAR .....

(a) Residence: No. 2325 W. North Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H. Ringgold

6. DATE OF BIRTH (month, day, year) Sept-21-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Gunther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Heiner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edith Ernstberger

(Address) 2325 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/1/ 1938

19. UNDERTAKER Mt. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED NOV 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1938 to Nov 28 1938

I last saw her alive on Nov 28 1938. Death is said to have occurred on the date stated above, at 7.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Nephritis	?

Other contributory causes of importance:

Cerebral Hemorrhage	Past year
Cardiac Insufficiency	Nov 27-38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George L. Wissig, M. D.

(Address) 4000 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52495

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Poplar Terr. St. 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Andres Anthony

If U. S. Veteran specify WAR .....

(a) Residence: No. 2906 Poplar Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Ruth K Anthony

6. DATE OF BIRTH (month, day, year) Feb. 11, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9 11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Government Meat Inspecter

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Cedar Rapids Iowa.

FATHER

13. NAME James Riley Anthony

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Marilla Mabie

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Ruth K Anthony
(Address) 2906 Poplar Terrace.

18. BURIAL, CREMATION, OR REMOVAL Wash. D.C.
Place Glenwood Cemeteries Date Dec. 2 1938

19. UNDERTAKER C. Raymond Kaufmann
(Address) 967 Leeds Avenue

20. FILED Huntingtown, Md. Registrar

VS 3

NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938 to Nov. 29, 1938

I last saw him alive on Nov. 29, 1938 Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus with terminal cerebral arteriosclerosis	1932 Nov. 1938
Other contributory causes of importance: Coronary Thrombosis	April 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood chemistry: terminal uremia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. Rendia Wallace M. D.

(Address) 2831 Walbrook Ave.

F 52496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52496

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry F. Taylor

If U. S. Veteran specify WAR

(a) Residence: No. McKewin Ave-Bellagio Catonsville St., ... Ward. Balt. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W. C.	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie M. Taylor

6. DATE OF BIRTH (month, day, and year) Sept 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Henry Taylor

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Henry Taylor

(Address) Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 3 1938

19. UNDERTAKER Easton Sons

(Address) Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1938, to Nov 30, 1938

I last saw h.. alive on Nov 27, 1938 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic anemia	?
Arteriosclerotic vascular disease	?
Benign prostatic hypertrophy	?
Other contributory causes of importance:	
Bronchopneumonia, pleurisy, left lung	11-26-38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify possibly asthma from insecticide

(Signed) S. T. E. Rivell Jr. M. D.

(Address) Univ. Hosp.

V8 2

NOV 30 1938

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52197

CERTIFICATE OF DEATH

131 F 52497

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret L. Connor

(a) Residence: No. 1204 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-3-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME [illegible] Kennedy

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jane Parker

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Aged Women's Aged Men Home
(Address) 1404 W. Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Union Cem Date Nov 30

19. UNDERTAKER William Leech
(Address) 1-2 Park Place, City

NOV 30 1938 ..., 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927 19... to November 29, 1938

I last saw her alive on 11-24-38 19... Death is said to have occurred on the date stated above, at 5:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic.	
Arteriosclerosis, generalized.	
Nephritis, chronic.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Thos B Jarrell M. D.

(Address) 1115 St. Paul St., City.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5-3

F 52498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 C F 52498

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Norris St. 19-3 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Murray

If U. S. Veteran specify WAR

(a) Residence: No. 405 S. Norris St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Minnie Murray

6. DATE OF BIRTH (month, day, year) June 21st 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Richard Murray

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Martha Thompson

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Minnie Murray

(Address) 405 S. Norris St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 1st 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1938 to Nov 28, 1938

I last saw h~~im~~ alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 12.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	11-17-38
Other contributory causes of importance:	
Chr. Myocarditis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. J. Dayton M. D.

(Address) 324 E Eastern Ave

F 52499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52499

CERTIFICATE OF DEATH

15854 JS

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L. Johnson, Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 2528 Orleans St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-16-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash., D.C.

FATHER

13. NAME Wm. Johnson, Sr.

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Sophia Windhoc

16. BIRTHPLACE (city or town) (State or country) Berlin

17. INFORMANT B.C.H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Pl. Loudon Park Cem. Date 12/1/38

19. UNDERTAKER Mrs Cook (Address) 417 St Paul St

20. 11/30/38 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29 1938

22. I HEREBY CERTIFY, That I attended deceased from November 23 1938 to November 29 1938

I last saw him alive on November 29 1938. Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. Des Santelle M. D.

(Address) Baltimore City Hospitals

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52500

CERTIFICATE OF DEATH

82a F 52500

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 S. Charles St. 23-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Long

If U. S. Veteran specify WAR .....

(a) Residence: No. 919 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married ~~widowed or divorced~~ BUSBAND of ~~(or WIFE of)~~ Annie B. Long

6. DATE OF BIRTH (month, day, year) Feb 10th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Long

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Houck

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Annie B. Long

(Address) 919 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12/2 ..... 19 38

19. UNDERTAKER Williams Cook Co

(Address) 1217 St Paul Street

20. FILED NOV 30 1938 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1938 to Nov 29 1938

I last saw him alive on Nov 29, 1938. Death is said to have occurred on the date stated above, at 3.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1 mo.
Other contributory causes of importance: Ephistaxis	11/28/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If ..... (Signed) R. K. Campbell M. D.

11/30/38 (Address) 1644 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52501

CERTIFICATE OF DEATH

F 52501

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Penhurst Ave St. ~~Ave~~ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret E. Brown

(a) Residence: No. 4061 Penhurst Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: George R.

6. DATE OF BIRTH (month, day, year): Nov 9 - 1867

7. AGE: Years 71 | Months 0 | Days 19 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Anthony Salmon

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Margaret Rhine

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Geo S Brown 4001 Penhurst Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 12-3 1938

19. UNDERTAKER: William Cook

(Address) 1217 Eutaw St

20. FILED NOV 30 1938 H. Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH 11:PM

21. DATE OF DEATH (month, day, year): Nov 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Nov. 28, 1938

I last saw her alive on Nov. 28, 1938 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1932
Myocardial Insuff	1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer U. Todd M. D.

(Address) 735 N. Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52502

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-S Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvin Randall

If U. S. Veteran specify WAR .....

(a) Residence: No. Towson R.F.D. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 19	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Randall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Bertie Pierson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT William Randall
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Upland Home Date 12/1 19 38

19. UNDERTAKER John Burns Sons
(Address) Towson, Md.

Registrar

NOV 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/23 1938, to 11/30/ 1938

I last saw h[illegible] alive on 11/30/ 1938. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	c 1935
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Dixon DeSanty, M. D.

(Address) Mercy Hospital

R.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52503 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52503

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 15-1 Ward)

Registered No. 173

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Holt

If U. S. veteran specify WAR

(a) Residence: No. 1513 N Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 20-1918

7. AGE: Years 20 | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Holt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Holt

(Address) 1513 Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 12-1-38

19. UNDERTAKER George A. Nelson

(Address) 1303 Baltimore St

20. FILED 19

Registrar.

DEC 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gunshot wound of chest — Date of onset Nov 28 1938

Other contributory causes of importance: —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11-28-38

Where did injury occur? 1513 Stricker St Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was shot while firing wildly in house during argument

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Jno Fallon M. D.

(Address) 50 Bennington St

F 52504 355035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52504

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catharine Dobey

If U. S. Veteran specify WAR

(a) Residence: No. 23 S. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert

6. DATE OF BIRTH (month, day, year): 9-1-98

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Dougaard

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Swager

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 3, 1938

19. UNDERTAKER: John E. Meloy Inc
(Address) 2425 E. Monument St

20. FILED Dec 1 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938 to Nov 30, 1938

I last saw her alive on Nov 30, 1938 Death is said to have occurred on the date stated above, at 6 45 pm.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Rheumatic Heart Disease — 3yrs	?
Right Hemiplegia — 3yrs	Duration.
Cerebral Embolism — 4days	"

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lemuel Nagle, M. D.

(Address) Johns Hopkins Hospital

VS 9

INSTRUCTIONS—PRINT IN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52505

2303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 2025 W. Fayette St. 16-8 Ward)

Length of residence in city or town where death occurred 38 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Mrs. Margaret L. Murphy

(a) Residence: No. 613 Edgewood St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Thomas V. Murphy

6. DATE OF BIRTH (month, day, year) Feb. 4, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
38	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Aug. 1938

11. Total time (years) spent in this occupation. 17 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel T. R. Talley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/2 1938

19. UNDERTAKER Robert Brooks & Son
(Address) Eutaw & Hoffman Sts.

20. FILED DEC 1-1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1938, to Nov. 29, 1938

I last saw her alive on Nov. 29, 1938. Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Gastric Carcinoma	3 yrs. 6 mos.
Generalized Carcinomatosis	since 1935

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury?

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Geo. H. Brouillet M. D.

(Address) Bon Secours Hosp.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD.

F 52506 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52506

CERTIFICATE OF DEATH

96

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Irwin Thompson

If U. S. Veteran specify WAR WW

(a) Residence: No. 705 Vine St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January, ? 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) Nov. 19, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Marie ??

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Dec 1, 1938

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 S. Lakewood Ave.

DEC 1 1938

..... 19.. /C Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1938 to November 27, 1938

I last saw him alive on Nov. 27, 1938 Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, cardiovascular (aneurysms of aorta and innominate artery)	Unknown
Other contributory causes of importance: Arteriosclerotic	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52507

CERTIFICATE OF DEATH CGK--39144

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-2 Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alberta Shedrick

If U. S. Veteran specify WAR

(a) Residence: No. 1410 Madison Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-8-1908

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
30	30	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Alonzo Shedrick

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 12-2 1938

19. UNDERTAKER M. A. Francis A. Hemsley
(Address) 575 N. Bradall St.

20. FILED ... 19 ...
Registrar.

DEC 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1938 to November 27 1938

I last saw her alive on November 27, 1938. Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Oct 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Lautelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52508 52508

CERTIFICATE OF DEATH

✓ 131

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 W. Calhoun St. 15-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Washington Biddle

If U. S. Veteran specify WAR .....

(a) Residence: No. 1326 W. Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dixon Biddle

6. DATE OF BIRTH (month, day, year) March 25. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2068

10. Date deceased last worked at this occupation (month and year) 1926.

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Washington Biddle

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Josephine Frances

16. BIRTHPLACE (city or town) (State or country) French West Indies.

17. INFORMANT (Address) Grant Biddle 1430 N. Mount

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Dec 3 1938

19. UNDERTAKER (Address) Saml H. Chase & Son 638 N. Gilmor St

20. FILED ..... 19 .....
Registrar.

DEC 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from September 11 1938 to Nov 1 1938
I last saw h. alive on November 28 1938 Death is said to have occurred on the date stated above, at 545 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	1938.
Other contributory causes of importance: Age. Senility. Retention	9/11/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Druid Park Dr

52509 HEALTH DEPARTMENT—CITY OF BALTIMORE 52509

CERTIFICATE OF DEATH V 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Estelle Plunkett

If U. S. Veteran specify WAR

(a) Residence: No. 536 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael H. Plunkett

6. DATE OF BIRTH (month, day, year) Dec. 4, 1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
80	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert H. Lusby

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary M. Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Rochester

(Address) 3108 Ferndale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cachedral Cem 12-3-38.

19. UNDERTAKER John A. Mitchell & Sons Inc.

(Address) 1900 Eutaw Place

DEC 1-1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1938, to 11-30, 1938

I last saw her alive on 11-30, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	11-26-38
Arteriosclerotic C. ords Vasc. Dis	?
Chronic Cholecystitis & Lithiasis	

Other contributory causes of importance:

—

Was an operation performed? yes Date of 11-28

For what disease or injury? acute abdomen

Name of operation Laparatomy & drainage Cholecystotomy

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) J. A. Callahan M. D.

(Address) University Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 52510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52510

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 Oakley Ave St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida H. Gavin

If U. S. Veteran specify WAR .....

(a) Residence: No. 2716 Oakley Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. S. Gavin

6. DATE OF BIRTH (month, day, year) Mar. 19, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Ga.

FATHER

13. NAME John B. Howard

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Georgia R. Lathrope

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Mrs. J. Howard Gavin

(Address) 2716 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 12-1-38 19..

19. UNDERTAKER John. C. Waterworth Sons

(Address) 1900 Eutaw Place

20. FILED DEC 1 - 1938 ..... Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1920 to Nov. 27 1938

I last saw her alive on Nov. 27 1938 Death is said to have occurred on the date stated above, at 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal disease	2yrs
Rheumatic Heart disease	20 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S S Dodd M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52511

F 52511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME ~~Willie~~ William Rozer

(a) Residence: No. 930 Born Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of ~~Mrs.~~ Annie Rozer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Nov. 38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Macon Georgia

FATHER

13. NAME ~~Adam~~ Rozer

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Laura —

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Annie Rozer

(Address) 930 Born Court

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Dec 1 1938

19. UNDERTAKER Kate P. Williams

(Address) 322 N Schroeder St.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and from Inquiry did find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	13 hrs.
Other contributory causes of importance: Multiple Burns of Body (3rd Degree) & Lacerations of Body	13 hrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 25, 1938

Where did injury occur? His home - Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Explosion of oil stove; jumped from 2nd story.

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Shamer M. D.

(Address) 2360 Eutaw Place Coroner

DEC 1 - 1938

F. B. WHITE FORMS, WHITE PRINTING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52512

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Ward)

Registered No. 49-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence L. Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 3910 Hanover St., Ward. Richmond Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John R. Brooks

6. DATE OF BIRTH (month, day, year) Sept 2-1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	95	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nicholas Fuchs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Barbara Boehm

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mary Brooks

(Address) 3910 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Dec 2-38

19. UNDERTAKER E. Leroy Stubbs Inc

(Address) 1253 Mondawmin Ave

20. FILED Dec 1-1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to Nov 29, 1938

I last saw her alive on Nov. 29, 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	1934
Other contributory causes of importance: Ascites	1938

Was an operation performed? Yes Date of 11/21/38

For what disease or injury? Paracentesis for Ascites

Name of operation Paracentesis

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) John F. Coolahan M. D.

(Address) St Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52513

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Carolina St. 27-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Belle Sanderson

If U. S. Veteran specify WAR

(a) Residence: No. 4611 Elsrode Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Sanderson

6. DATE OF BIRTH (month, day, year) Nov 24 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Brady

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Alma Shamp

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Howard Sanderson - Son
(Address) 1238 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 2 19 38

19. UNDERTAKER Albert W. Berger
(Address) 446 E North Ave

20. FILED , 19 Registrar.

DEC 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938, to Nov 29, 1938.

I last saw her alive on Nov 29, 1938. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	Nov 1938
Other contributory causes of importance: Chronic valvular disease of heart	1928

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Sanderson M. D.
(Address) 1714 N Carolina

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52514 52514

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 McCulloh St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Myers

(a) Residence: No. 1700 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William Myers

6. DATE OF BIRTH (month, day, year) Feb 23 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Fred. Chaney

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Myers

(Address) 1700 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hebron Cem. Date Dec. 1, 1936

19. UNDERTAKER Wm. Rowe & Sons

(Address) Baltimore

20. FILED DEC 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to Nov 28 1938

I last saw her alive on Nov 28 1938. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Anemia and	Dec 1
Chronic Myocarditis	1936
Other contributory causes of importance: Cardiac Decompensation	2 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Symptoms No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles B. Clark M. D.

(Address) 3814 Parkwood Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52515

CERTIFICATE OF DEATH

V 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 S. Fulton Avenue Ward) 16-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Edmund Harrison

If U. S. Veteran specify WAR

(a) Residence: No. 922 S. Fulton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Cecil E. Harrison

6. DATE OF BIRTH (month, day, year) June 3-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Ins Co

10. Date deceased last worked at this occupation (month and year) Oct 1938

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Harrison

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Carrie Curry

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Cecil E. Harrison
(Address) 922 S. Fulton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olive Date Dec 2 1938

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED DEC 1-1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Nov 29 1938

I last saw him alive on Nov. 29 1938 Death is said to have occurred on the date stated above, at 7.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular disease	5 yrs
angina-pectoris (attacks at intervals)	
Other contributory causes of importance	
Coronary thrombosis	sudden

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Woodyard Jr. M. D.

(Address) 806 N. Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52516

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Incurables St., (E. or W.) Ward) 0 N.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Jenkins

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 25 1847

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
91	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

FATHER

13. NAME Patrick Gill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Lee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Emily Bachtel (Address) Home for Incurables.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Place Date Dec 3 1938

19. UNDERTAKER J. Pickenpaugh & Sons (Address)

20. FILED DEC 3 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from February 15th 1938 to Nov. 30th 1938

I last saw her alive on Nov. 29th 1938. Death is said to have occurred on the date stated above, at 12.08 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Hypertensive Cardio-Vascular Disease	Unknown
Congestive Myocardial Failure	1 week
Other contributory causes of importance: Right Popliteal Thrombosis	Nov. 16th 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Carroll M. D.

(Address) 11 East Chase St. Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52517

V 34E-23

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hosp

CITY OF BALTIMORE: (No. ..... St., 2 7 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Martin Brendel

(a) Residence: No. 3006 Rosemont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Brendel

6. DATE OF BIRTH (month, day, year) Nov 7 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md.

FATHER

13. NAME John Brendel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine B Arnold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katherine Brendel
(Address) 3006 Rosemont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 3 1938

19. UNDERTAKER Frank Tassoni Son
(Address) 7401 Belair Rd

FILED DEC 1 - 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938 to Nov 30, 1938

I last saw him alive on Nov 30, 1938. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-encephalitis	
a) Tuberculous?	
b) Syphilitic?	
Other contributory causes of importance:	
Bronchopneumonia	
a) Toxic? b) Terminal	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Meyer Robert Shear M. D.

(Address) West Balto Gen Hosp

INFORMATION should be carefully supplied. It should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52518 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52518

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Sacto. City Hospital

CITY OF BALTIMORE: (No. Bay View St. 14-2 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dalton Motley

If U. S. Veteran specify WAR

(a) Residence: No. 58 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Motley

6. DATE OF BIRTH (month, day, year) Jan 20-80

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11 10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye Works

10. Date deceased last worked at this occupation (month and year) Dec 37-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gafney S.C.

FATHER

13. NAME Kelley Laney (d)

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Ellen Gist (d)

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Frank Motley

(Address) 58 Madison Ave. Husband

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/2

19. UNDERTAKER Thomas E Kelson

(Address) 323 Eutaw

DEC 1 1938

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence adduced by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-23-38

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 E. Monument

V 8 6

6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52519 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52519

CERTIFICATE OF DEATH

J 93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Ellwood Avenue St. 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Kemp

If U. S. Veteran specify WAR

(a) Residence: No. 314 S. Ellwood Avenue St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Kemp

6. DATE OF BIRTH (month, day, year) Sept. 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Bernhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. John Kemp
(Address) 314 S. Ellwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Dec. 1, 1938

19. UNDERTAKER Henry Sander & Son, Inc.
(Address) Baltimore St. & Broadway

20. FILED ... 19... Registrar.

DEC 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938 to Nov 28, 1938

I last saw her alive on Nov 27, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/21/38
Other contributory causes of importance:	
Acute Myocarditis	11/24/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace Bittlow M. D.

(Address) 315 S. Highland Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52520

CERTIFICATE OF DEATH

52520 V 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp St. 20-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Charles Clayton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1115 Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 22, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Clayton

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Elizabeth Gray

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT F.D. Taylor
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 3 1938

19. UNDERTAKER George F. Schwartz
(Address) 2101 Frederick Ave.

20. FILED ..... 19 ..... Registrar.

DEC 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1938, 19..., to Nov 30, 1938

I last saw her alive on 11-30, 1938. Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	?
Arteriosclerosis	?
Hypertrophy of Prostate	some

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 4. 38

For what disease or injury? .....

Name of operation Hypogastric Prostatic Resection

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Fred H Bowen M. D.
(Address) West Baltimore General Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52521 HEALTH DEPARTMENT—CITY OF BALTIMORE 52521

CERTIFICATE OF DEATH.

46-B

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Linden Ave & Madison Ward) 18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Cole

If U. S. Veteran specify WAR

(a) Residence: No. 5404 Clemmore Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Henry Cole

6. DATE OF BIRTH (month, day, year) Jan. 26 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ernest Koppenhafer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Im Thorn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Attie G. Hemmings

(Address) 8 Bellevue Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mistery Cemetery Date Dec. 3 1938

19. UNDERTAKER Gorsuch & Schmatz

(Address) 210 E. Fredrick St

20. FILED DEC 1 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-27-, 1938 to 11-30, 1938

I last saw h.e.r. alive on 11-30 1938. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Hypertension C.V.D.	
Senile decay	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. F. Nienkowski M. D.

(Address) Md. General Hosp.

V-S

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52522

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Oak St. 12-7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vance E. Murray

(a) Residence: No. 2518 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

IF U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Cau

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Murray

6. DATE OF BIRTH (month, day, year): July 10-1863

7. AGE — Years: 75 Months: 4 Days: 20 If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Old Age Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country): Vienna Md

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Millie Murray

16. BIRTHPLACE (city or town) (State or country): Vienna Va

17. INFORMANT (Address): Mrs. Amelia Woolford 2518 Oak St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: 12/0 38

19. UNDERTAKER (Address): Emil W. Thorsen & Son 838 N. Eutaw St.

20. FILED: Dec 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-30 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10/1/38
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 509 Ausquette St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

52523

HEALTH DEPARTMENT—CITY OF BALTIMORE

52523

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Max Jeppen

If U. S. Veteran specify WAR .....

(a) Residence: No. 2814 Hinder Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Cem. Date 12/2/38 19

19. UNDERTAKER Jack Laws Inc

(Address) 1439 E. Balto.

20. FILED DEC 1 - 1938

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30 1938

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1938 to November 30 1938

I last saw him alive on November 30, 1938 Death is said to have occurred on the date stated above, at 3.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Circulatory Collapse~~	11/29/38
Uremia	
Nodular ~~Sarcoma~~ Papilloma	2 yrs
Prostatic hypertrophy	
Bladder stone.	

Other contributory causes of importance:

By Emphysis (Natural)

Appendectomy, R L Q L T

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & Cystoscopy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. K. Gruber Ben Klotz M. D.

(Address) Sinai Hosp. Med. arts Bldg.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52524

CERTIFICATE OF DEATH

48 F 52524

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 S. CLINTON ST St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME LILLIE SMITH

If U. S. Veteran specify WAR

(a) Residence: No. 250 S. CLINTON ST. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ELMER SMITH

6. DATE OF BIRTH (month, day, year) AUG. 10-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B ALTIMORE MD.

FATHER

13. NAME SAMUEL Mc CARDELL

14. BIRTHPLACE (city or town) (State or country) IRELAND

MOTHER

15. MAIDEN NAME MARY ELLISON

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT MARY C. RIPPLE (DAUGHTER)
(Address) CHETENHAM MD.

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date DEC. 2 1938

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST.

20. FILED 19 Registrar

DEC 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1938, to 11-28, 1938

I last saw her alive on 11-28, 1938. Death is said to have occurred on the date stated above, at 6/35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri	
Asthenia	
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John J Gould, M. D.

(Address) 147 East ave

V.S.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52525

CERTIFICATE OF DEATH

91-W F 52525

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 8-3 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Margaret Link

If U. S. Veteran specify WAR

(a) Residence: No. 1331 N. Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Link

6. DATE OF BIRTH (month, day, year) Oct. 30 1908

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
30 yrs.		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Shop Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Bittner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Zelinski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martha Bittner
(Address) 1331 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 3 38

19. UNDERTAKER Lilly & Zeiler Sons
(Address) 405 S Wolfe St

20. FILED ... 19 ... Registrar.

DEC 1 - 1938 Huntington Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1938 to Nov. 29 1938

I last saw h[illegible] alive on Nov. 29 1938. Death is said to have occurred on the date stated above, at [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis with acute decompensation	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. D. Lisanby M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

F 52526 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52526

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1872

CITY OF BALTIMORE: (No.) Bay View St., (Ward) 96

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter B. Holden

(a) Residence: No. 2512 Harford Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of ~~WIFE~~ Mary C. Holden

6. DATE OF BIRTH (month, day, year) March 9-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Holden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Scanlon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary C. Holden Wife

(Address) 2512 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date 12/3/38

19. UNDERTAKER George J. Puth Inc.

(Address) 1735 Harford Ave.

20. FILED 19 Registrar

DEC 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Year
Other contributory causes of importance: Arterio-Sclerosis General	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52527

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Tremont Road St. 28-F Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth B. Frucker

If U. S. Veteran specify WAR .....

(a) Residence: No. 112 Tremont Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME William Henry Webb

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Lennon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Archer S Jiro

(Address) 112 Tremont Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 3 1938

19. UNDERTAKER J Henry Lutz

(Address) 1203 E Broadway

20. FILED DEC 1 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-30. 1938.

22. I HEREBY CERTIFY, That I attended deceased from March-8. 1937 to Nov 30. 1938

I last saw her alive on Nov 30. 1938 Death is said to have occurred on the date stated above, at 2. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	5 Yrs.
Myocarditis	5 "
Other contributory causes of importance: Senility.	—

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) B. Lloyd Johnson M. D.

(Address) Catonsville, Md.

V S 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52528

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5234 Reisterstown St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Carroll Felter

If U. S. Veteran specify WAR .....

(a) Residence: No. 5234 Reisterstown Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W. White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence A. Felter

6. DATE OF BIRTH (month, day, year) July 25-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME John Felter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frence Hartgen

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs Florence Felter

(Address) 5234 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 2nd 1938

19. UNDERTAKER A. L. Marshall

(Address) 2539 Eutaw St

20. FILED DEC 1-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938 to Nov. 29th, 1938

I last saw him alive on Nov. 29th, 1938 Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) - Rheumatic Heart Disease with auricular - fibrillation.	5 yrs. - 1 day -

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl L. Thompson M. D.

(Address) 4108 Liberty Hts Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 52529

HEALTH DEPARTMENT—CITY OF BALTIMORE 52529

CERTIFICATE OF DEATH

79-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

Length of residence in city or town where death occurred 21 yrs 11 mos 14 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME M. Agnes Farrell.

If U. S. Veteran specify WAR

(a) Residence: No. 3405 Benson Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	14/15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME John T. Farrell.

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Katherine DeBoy

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Leo Farrell.
(Address) 3405 Benson.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. 12/2 1938

19. UNDERTAKER Geo. A. Farley
(Address) Pulaski Hyatts

FILED DEC 1 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by me and from Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purulent Meningitis	11/21

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hanna M. D.
Coroner

(Address) 1822 N Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52530

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adeline Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1508 Fairmount Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) 0-?-1-02 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Dennis Welch

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hogan ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT ... (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Impera Va. Date 7 Dec 1938

19. UNDERTAKER Elroy A Wilson (Address) 1000 Brantlemore

20. FILED ... 19 ... Registrar.

Dec 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8 1938 to November 29 1938

I last saw her alive on November 29, 1938. Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-22-38
Other contributory causes of importance: Arteriosclerosis	1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52531

CERTIFICATE OF DEATH

82 3944 F-S 52531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds. Unknown

2. FULL NAME Antionette Berrent

If U. S. Veteran specify WAR

(a) Residence: No. 1121 S. Binney St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Julia Zielinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 12/3 19 38

19. UNDERTAKER [illegible]

(Address) 2529 Hudson St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30 1938

22. I HEREBY CERTIFY, That I attended deceased from November 28 1938 to November 30 1938

I last saw her alive on November 30 1938 Death is said to have occurred on the date stated above, at 9 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-28-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. DeLautelle M. D.

(Address) Baltimore City Hospitals

DEC 1-1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52532

CERTIFICATE OF DEATH

49-04 F 52532

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N Milton Ave St. 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Barbara Habeman

If U. S. Veteran specify WAR .....

(a) Residence: No. 701 N Milton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Habeman

6. DATE OF BIRTH (month, day, year) Jan 6 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	25 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. p037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Michael Arnost

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Habeman

(Address) 701 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 3 1938

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans

20. FILED Hunting ... Registrar

DEC 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Dec 1 1938

I last saw h[er] alive on Nov 30 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	?
Other contributory causes of importance:	
General Metastasis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Truman J Greene M. D.

(Address) 1900 Eastern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

WATERWORTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52533

CERTIFICATE OF DEATH

108 F 52533

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Waterworth

If U. S. Veteran specify WAR

(a) Residence: No. 2618 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1892

7. AGE: Years: 43 | Months: 2 | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Truck Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Robert O Waterworth

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Caroline Steinhauer

16. BIRTHPLACE (city or town) (State or country): Balt.

17. INFORMANT: Friedericka Wickman

(Address) 2618 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 3 1938

19. UNDERTAKER: John Ullrich

(Address) 2008 Eastern Ave

DEC 1 - 1938

FILED Huntingdon Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 11/27/38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Crain M. D. Coroner

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52534

CERTIFICATE OF DEATH

46-B F 52534

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N Chester St. 6-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary C Yensch

If U. S. Veteran specify WAR .....

(a) Residence: No. 402 N Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H Yensch

6. DATE OF BIRTH (month, day, year) Jan 10-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME John Loudenslagen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Foltz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis H Yensch
(Address) 402 N Chester

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am Date Dec 3rd 1938

19. UNDERTAKER John Ulrich
(Address) 200 E Preston

20. DEC 1-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Nov. 30, 1938

I last saw her alive on Nov. 30, 1938 Death is said to have occurred on the date stated above, at 11-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	May 1938
Generalized metastasis	1 mo.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Fred J Lewis M. D.

(Address) 100 E Read St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52535

CERTIFICATE OF DEATH × 131

F 52535

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-12 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Smith

If U. S. Veteran specify WAR

(a) Residence: No. Princeton Place, Cleveland, Ohio St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	te	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 6-1-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	71	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 1 - 1938, 19

Commissioner of Health

19. UNDERTAKER DEC 1 - 1938 H. A. Moore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1938 to November 27, 1938

I last saw him alive on November 27, 1938. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. de Sautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

4460

52536 HEALTH DEPARTMENT—CITY OF BALTIMORE 52536

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph Hospital St. 9-9 (Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Arnetta M. Myers
(a) Residence: No. 1002 (Usual place of abode) St., ... Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul C Myers

6. DATE OF BIRTH (month, day, year) April 22 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse wife 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Falls Pa

FATHER
13. NAME Gilbert T Bowser
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Fay Sheldrake
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Paul C Myers
(Address) 1002 Hart Thomas Pl

18. BURIAL, CREMATION, OR REMOVAL
Place Charleroi Pa Date Dec 1 1938

19. UNDERTAKER William M Marock
(Address) 715 Lanvale St

20. FILED ... Registrar.

DEC 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1938 to Nov 30 1938
I last saw h... alive on Nov 30 1938. Death is said to have occurred on the date stated above, at 5.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of Pregnancy	3 wks
Other contributory causes of importance:	

Was an operation performed? Delivery Date of Nov 30 38
For what disease or injury? Pregnancy
Name of operation Normal delivery
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. R. Tennyst M. D.
(Address) St. Joseph Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52537

CERTIFICATE OF DEATH

210-A F 52537

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 326-13 St. Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William V. Merson

(a) Residence: No. 2435 Smith Ave. (Usual place of abode) Lansdowne, Baltimore Co. Md. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora A. Merson

6. DATE OF BIRTH (month, day, year) Jan. 21, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 6023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Willis Merson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rosie Claggett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dora Merson (Address) 2435 Smith Av.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date Dec 3, 1938

19. UNDERTAKER Eleanor A. Lee (Address) 3510 Edmondson Ave.

DEC 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R.L.Leg	
Gas Bacilli Infection	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Nov. 24, 1938 Date of injury 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck by Auto. in 800 Bl. W. Lombard St.

24. Was disease or injury in any way related to occupation of deceased? No If so, what way?

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

52538

HEALTH DEPARTMENT--CITY OF BALTIMORE

52538

CERTIFICATE OF DEATH

✓ x 46-D

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Robert Frank Evans

If U. S. Veteran specify WAR WW

(a) Residence: No. Prince Frederick, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Solomons Island Md.

FATHER

13. NAME Perry F. Evans

14. BIRTHPLACE (city or town) (State or country) Deals Island Maryland

MOTHER

15. MAIDEN NAME Mary Elizabeth Martin

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Solomons, Md Date Dec. 4 1938

19. UNDERTAKER A. A. Harkness & Son

(Address) Mutual, Md.

20. FILED DEC 2 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1 . 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1938, to December 1, 1938.

I last saw him alive on December 1, 1938. Death is said to have occurred on the date stated above, at 3:55 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, adeno, rectum, Grade IV	May '38
Other contributory causes of importance:	

Was an operation performed? yes Date of 11-1-38

For what disease or injury? Carcinoma, rectum

Name of operation Proctoscopy & Biopsy

What test confirmed diagnosis? Clin. Find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. L. Wollenweber M. D.

(Address) U.S. Marine Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32539

HEALTH DEPARTMENT—CITY OF BALTIMORE

32539

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3105 Berely Road (Street) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Hopkins

(a) Residence: No. 3105 Berely Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Edw. Hopkins

6. DATE OF BIRTH (month, day, year) Nov 19-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) South Wales

FATHER

13. NAME James J. Bamford

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Sarah Griffith

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Nelson Cooper

(Address) 3105 Berely Rd

18. BURIAL, CREMATION, REMOVAL Date Dec. 2 1938

Place Mt Lebanon

19. UNDERTAKER Williams Cook

(Address) 1317 St Paul St

20. FILED DEC 2 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1938, to 11-28, 1938

I last saw her alive on 11-28, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J Young M. D.

(Address) 14 N Eutaw ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 8

52540

HEALTH DEPARTMENT—CITY OF BALTIMORE

52540

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 S. Fulton Ave, St. 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard E. Hagerty

If U. S. Veteran specify WAR

(a) Residence: No. 19 S. Fulton Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie Bryan Hagerty

6. DATE OF BIRTH (month, day, year) Dec. 20-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Clerk

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Thos. Hagerty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary C'Neill
(Address) 19 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/3/38

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light Street

20. FILED DEC 2-1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936, to Nov 30 1938.

I last saw h/m alive on Nov 30, 1938. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2 days.
Other contributory causes of importance: Chronic myocarditis	yrs.
Senility.	

Was an operation performed? no Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.

(Address) 4 N. Fulton

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52541

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 E. West St. 23-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William D. Pyle

If U. S. Veteran specify WAR

(a) Residence: No. 32 E. West St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Pyle

6. DATE OF BIRTH (month, day, year) May 8. 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm. D. Pyle

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Sarah Bowen

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Rose Pyle

(Address) 32 E West

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Dec. 5 1938

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

DEC 2-1938 Registrar

L.K.G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938 to Dec. 1, 1938

I last saw him alive on Nov. 30, 1938 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	?
Other contributory causes of importance: Uraemia	Nov. 18th, 1938

Was an operation performed? no Date of - - - -

For what disease or injury? - - - -

Name of operation - - -

What test confirmed diagnosis? P.F. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52542 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52542

CERTIFICATE OF DEATH ✓ 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St. Hospital 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Marley

If U. S. Veteran specify WAR

(a) Residence: No. 1310 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Marley

6. DATE OF BIRTH (month, day, year) Feb. 21, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inlaw Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Gas. & Elect.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Marley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hartlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Marley

(Address) 1310 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross a.a. Date 12/3/38

19. UNDERTAKER Margaret G. Flynn

(Address) 2402 E. Hilton St.

DEC 2-1938

(Signed) Funeral Director

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) A R Coolahan M. D.

(Address) 2737 W Mount St Coroner

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52543

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Ellamont St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Aldridge,

If U. S. Veteran specify WAR

(a) Residence: No. 1521 Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Aldridge,

6. DATE OF BIRTH (month, day, year) November 12. 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	--	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sydney Australia.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Edna E. Hoffman,
(Address) 1521 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date DEC 3 - 1938

19. UNDERTAKER Geo W Cole
(Address) 2700 Edmondson Ave.

20. FILED DEC 2 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 1 - 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to Dec 1~, 1938

I last saw h[illegible] alive on Nov 30, 1938 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Lesion	1 yr.
Other contributory causes of importance:	
Pneumonia	3 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm Bowman Woodward, M. D.

(Address) 2200 Garrison Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52544

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 16-1 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Dent

(a) Residence: No. 812 N. Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Anna Dent (d)

6. DATE OF BIRTH (month, day, year) Sept. 3 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alexander Dent

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Snowden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William Dent

(Address) 812 N. Fremont St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn, Date Dec 5, 1938

19. UNDERTAKER Jesse H. Redden

(Address) 730 N. Bond St.

20. FILED DEC 2-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated there.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	6 Months

Other contributory causes of importance: Senile Sclerosis — some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

52545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52545

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Central Av. 5-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James E. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 603 N. Central Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-8-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm E. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jennie Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Jennie Smith

(Address) 1537 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Cemetery ... Date 12/3 19 38

19. UNDERTAKER Joseph G. Locke

(Address) 204 N. Central Ave

20. FILED ... 19 ... Registrar.

DEC 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-22 , 1938 to 11-30 , 1938

I last saw him alive on 11-29 , 1938. Death is said to have occurred on the date stated above, at 11:30 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown
chronic interstitial nephritis	"
Other contributory causes of importance:	
arterio-sclerosis	"

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) R. Young M. D.

(Address) 15 W E. Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52546

F 52546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 - 2 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland C. Kendall

U. S. Veteran specify WAR

(a) Residence: No. 633 Annesley Road St., Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mildred G Kendall

6. DATE OF BIRTH (month, day, year) Nov. 1 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Industry

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph W. Kendall

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hope Greenwood

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mildred G Kendall

(Address) 633 Annesley Road

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Dec. 3, 1938

19. UNDERTAKER John A Morgan

(Address) 3000 E. Balto St

DEC 2 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (from the evidence obtained by me) (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	5 days
Other contributory causes of importance: Chr. Cardio Vascular Dis.	6 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams M. D.

(Address) 2360 Eastern Ave Coroner

V 8 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52547

CERTIFICATE OF DEATH

93a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Lawrence St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 95 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William F. Howard

If U. S. Veteran specify WAR

(a) Residence: No. 1209 Lawrence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

3a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Anna Howard

6. DATE OF BIRTH (month, day, year) Dec 20 1873

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar tender Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 1944

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Anna Howard

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Anna Howard
(Address) 1209 Lawrence St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Thomas Date 12/3 19 38

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Preastman St

20. FILED DEC 2-1938 H. E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 12 15 pm;

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Acute Hypertension	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 12-15 Harrison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52548

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N. Carey St. St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anthony Carnevale

(a) Residence: No. 714 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Carnevale

6. DATE OF BIRTH (month, day, year) March 11 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wine Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Peter Carnevale

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lydia Marzo

16. BIRTHPLACE (city or town) (State or country) Castellamare Italy

17. INFORMANT Martha

(Address) 714 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lyon Date 12/3 1938

19. UNDERTAKER Thomas E. Kelson

(Address) 333 Pressman St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Nephritis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

DEC 2 - 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52549

46c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3087 W. Hilton St., 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Marie Lyons (nee Adams)

If U. S. Veteran specify WAR

(a) Residence: No. 601 N. Allendale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward A. Lyons

6. DATE OF BIRTH (month, day, year) March 5th 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James A. Adams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. Edward Lyons (Address) 601 Allendale St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 12/3/38

19. UNDERTAKER Jno. Waltemeyer & Son (Address) 2503 Edmondson Ave

20. FILED ... (Registrar) DEC 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1938, to Dec 1st, 1938

I last saw her alive on Dec 1st, 1938. Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Right Colon (Carcinoma Coli)	18 m.
Other contributory causes of importance: Malnutrition, Toxemia, Pleurisy, Tuberculosis	4 m.

Was an operation performed? yes Date of 2/1/38

For what disease or injury? Carcinoma Colon

Name of operation Colostomy

What test confirmed diagnosis? Path. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John F. Moore M. D.

(Address) 804 Cathedral St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52550

210 N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward) 27-18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie W. Ireland

(a) Residence: No. 3001 Garrison Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

(specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred H. Ireland

6. DATE OF BIRTH (month, day, year) Feb. 17, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John L. Warfield

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Maryland

MOTHER

15. MAIDEN NAME Adeline Pumphrey

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

17. INFORMANT Alfred W. Ireland

(Address) 5320 Belleville Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hrmd Ridge Date Dec 2 38

19. UNDERTAKER Wm. J. Ticknor & Son

(Address) Md. & Pa.

20. FILED DEC 2 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by Inquest, Autopsy or Inquiry) find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Nov. 29, 1938, 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Liberty Heights Av. at Granada Av. struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Cullen M. D.

(Address) 3767 Keswick Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52551

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 862 N. Howard St. 11-3 Ward)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Hohman

If U. S. Veteran specify WAR .....

(a) Residence: No. 862 N. Howard St St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Geo A Hohman

6. DATE OF BIRTH (month, day, year) June 14 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Geo A Ostendorf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Flaspahler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Hohman
(Address) 862 N. Howard

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/3/38

19. UNDERTAKER Henry W. Perkins & Son
(Address) 847 Park Ave

20. FILED DEC 2 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1938, to Nov. 30, 1938

I last saw h.e alive on Nov 29, 1938. Death is said to have occurred on the date stated above, at 10 A a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	3 days
Other contributory causes of importance:	
arteriosclerosis	10 yrs.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinic Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Chas J Keller M. D.

(Address) 222 W Monument St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of MEANS CAUSING DEATH in plain terms, so that it may be properly classified.

F 52552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52552

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lennox Parkway St., Ward) 190

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Marcus Levitt

(a) Residence: No. 132 N. Carlton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Levitt

6. DATE OF BIRTH (month, day, year)

7. AGE: 40 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brest Russia

FATHER

13. NAME: Alexandria Levitt

14. BIRTHPLACE (city or town) (State or country): Brest Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs. Levitt

(Address) 132 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Dec 3, 38

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N. Schroeder St

DEC 2-1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	
b Arteriosclerosis	
c	
d	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Nov 24, 1938

Where did injury occur? Parkway Lennox

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Corner Wash Ave

Manner of injury Fell on ice

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 12 E. Mann

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

Schaney

52553 HEALTH DEPARTMENT—CITY OF BALTIMORE 52553

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Vincent St., 19-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Corrine S Chaney

If U. S. Veteran specify WAR .....

(a) Residence: No. 407 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15, 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home
10. Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward S Chaney
14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Lucy Lawson
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Tony Hanes
(Address) 407 Vincent St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 3, 19 30

19. UNDERTAKER Mr. Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED 19 .....
Registrar

DEC 2 - 1930 Hamilton Hundley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 1930

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1930 to 11-30, 1930

I last saw her alive on 11-29, 1930 Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-25-30
Other contributory causes of importance:	
Exposure	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Hamilton Hundley, M. D.

(Address) 1027 N Stricker St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52551

HEALTH DEPARTMENT—CITY OF BALTIMORE

52554

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1055 N North Ave St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Viola Wheeler

If U. S. Veteran specify WAR

(a) Residence: No. 1055 N. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert A Wheeler

6. DATE OF BIRTH (month, day, year) Oct 27, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Nov. 15

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robt. E. Gray

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliz. Bagwell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Herbert A Wheeler

(Address) 1055 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cemetery Date Dec 3 1938

19. UNDERTAKER Harris Cook Syfer

(Address) 1600 W. North Ave

20. FILED Dec 2 1938 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to Nov. 30 1938

I last saw h alive on Nov. 30 1938 Death is said to have occurred on the date stated above, at 7.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Asthma	
Duration yrs. 2	
Failure of heart	
Other contributory causes of importance: Nervousness	
Cancer Vaccination	
Acute Cold Spell	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Smith M. D.

(Address) 1605 N. North Ave

OCCUPATION is very important. See instructions on back of certificate.

DEC 2 1938

va a

F 52555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52555

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 8-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Minna Schlutter

(a) Residence: No. 2220 Erdman ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John - H. Schlutter

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Johanna Schroeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Schlutter
(Address) 2220 Erdman ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Dec. 3 1938

19. UNDERTAKER Manro Cook Eyfer
(Address) 1600 N. Northwood

20. FILED ... 19... Registrar.

DEC 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1938 to Dec 1, 1938

I last saw her alive on Dec 1, 1938 Death is said to have occurred on the date stated above, at 12 45/57 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	?
Generalized Abdominal Carcinomatosis	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 17, 1938

For what disease or injury? Carcinoma Ovary

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Cuyat M. D.

(Address) St. Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate. Last statement of

F 52556

F 52556 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Francis Hejda

If U. S. Veteran specify WAR World

(a) Residence: No. 2300 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Constance Nowakowska Hejda

6. DATE OF BIRTH (month, day, year) Aug 17, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2025

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ignatius Hejda

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Kozon

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Constance Hejda.

(Address) 2300 Fleet Strat

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date Dec 5th, 1938

19. UNDERTAKER George A Meyer

(Address) 703 S Conkling St

20. FILED 19 Registrar

DEC 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I [illegible] in charge of the remains described above, held an [illegible] thereon and from the evidence obtained by me [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-30-38

Other contributory causes of importance: Hypertensive Cardiovascular Renal Disease 3yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe Coroner M. D.

(Address) 1331 S. Monroe

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

$2557 HEALTH DEPARTMENT—CITY OF BALTIMORE P 52557

CERTIFICATE OF DEATH

34-1-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Caine (Watson) (38430) If U. S. Veteran specify WAR

(a) Residence: No. 10 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Sept. 25, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Watson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Stewart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cabules Park Date Dec. 5 '38

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED [illegible] Registrar.

DEC 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1938 to December 1, 1938

I last saw her alive on December 1, 1938 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	July 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

52558

HEALTH DEPARTMENT—CITY OF BALTIMORE 52558

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Hayes

(a) Residence: No. 307 W. Hoffman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Statham N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Little Rock

17. INFORMANT Lillie Hayes

(Address) 307 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Douglas Mem. Cem. Dec. 3 1938

19. UNDERTAKER Adolphus Pearson

(Address) 2350 Madison Ave.

DEC 2 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-27-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dannie C. Wolfe M. D.

(Address) 1331 E. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52559 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52559

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 N Patterson Pk Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Belle Ziegler

If U. S. Veteran specify WAR

(a) Residence: No. 1345 N Patterson Pk. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard M. Ziegler

6. DATE OF BIRTH (month, day, year) Aug-19-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel J. Taylor

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Theasle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Howard M. Ziegler

(Address) 1345 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12/3/38

19. UNDERTAKER C. G. Black

(Address) 742 West North Ave

DEC 2 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12, 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Dec 1, 1938

I last saw her alive on Dec. 1, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1930
Chr. Interstitial Nephritis	1937
Uraemia	Nov 1938
Other contributory causes of importance:	
Diabetes mell.	1930.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Highstein, M. D.

(Address) 2726 Penna. Ave.

OCCUPATION is very important. See instructions on back of certificate.

26 Penna Ave - Dr Highstein

52560

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52560

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 W. Lexington St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara A. Christopher

(a) Residence: No. 1938 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James F. Christopher

6. DATE OF BIRTH (month, day, year) June 5, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. Baldwin

14. BIRTHPLACE (city or town) (State or country) Laurel Maryland

MOTHER

15. MAIDEN NAME Rebecca J. Shipley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Benjamin G. Middleton

(Address) 1938 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date December 3 1938

18. UNDERTAKER

(Address) 1003 W. Baltimore St.

DEC 2 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1938, to 11/30, 1938

I last saw her alive on , 19 . Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 11/30/38
Auricular Fibrillation

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Clarence A. Blackburn M.D.

(Address) 1945 W. Baltimore St.

AMENDMENT OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52561

CERTIFICATE OF DEATH

94-a

18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 W. Lombard St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Lee, Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1006 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lee

6. DATE OF BIRTH (month, day, year) December 10, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The Carrollton Bk

10. Date deceased last worked at this occupation (month and year) Nov. 29, 1938

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel J. Lee

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Amelia Jane Hardy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Catherine Lee

(Address) 1006 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Dec. 3rd 1938

19. UNDERTAKER J. M. Aurora

(Address) 1093 W. Baltimore St.

20. FILED Dec. 2 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Nov. 30, 1938

I last saw him alive on Nov. 30, 1938. Death is said to have occurred on the date stated above, at 2.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris.	1 mo.

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) [illegible] M. D.

(Address) 888 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52562

CERTIFICATE OF DEATH

✓ 23 F 52562

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Monahan (388)

If U. S. Veteran specify WAR .....

(a) Residence: No. 148 Monastery Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Finerty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/3/ 1938

19. UNDERTAKER John F. Cowan & Son
(Address) 1901 Eastern Ave

20. FILED ..... 19..... Registrar.

DEC 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 3, 33 to December 1, 38

I last saw him alive on December 1, 1938 Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1923
Arteriolar nephrosclerosis	Dec 1936
Other contributory causes of importance:	
Arteriosclerosis, general	(?) 1923

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clincial Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

52563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52563

CERTIFICATE OF DEATH

V x 57

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St. 7-5 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret H. Kerr

If U. S. Veteran specify WAR

(a) Residence: No. Catonsville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	9a	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Hall Kerr

14. BIRTHPLACE (city or town) (State or country) Mass North Carolina

MOTHER

15. MAIDEN NAME Alice M. Getchell

16. BIRTHPLACE (city or town) (State or country) Mass

JOHNS HOPKINS HOSPITAL

17. INFORMANT Med Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Raleigh, N.C. Date Dec. 3 1938

19. UNDERTAKER H. W. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1938, to Dec 1, 1938

I last saw her alive on Dec 1, 1938. Death is said to have occurred on the date stated above, at 10:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma.	1937
Hypertrophic arthritis	?
Other contributory causes of importance:	

Was an operation performed? YES Date of Nov. 30, 1938

For what disease or injury? Intractable asthma.

Name of operation Denervation left lung.

What test confirmed diagnosis? — Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) David M. Moore M. D.

(Address) Johns Hopkins Hospital

V 8 8

12-1938

52564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52564

CERTIFICATE OF DEATH

✓ 46-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 St Paul ..... St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth M. Roberts

(a) Residence: No. 2841 St Paul St ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 29, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa (Allegany) Pa

FATHER

13. NAME Thomas Roberts

14. BIRTHPLACE (city or town) (State or country) Llanelly Wales.

MOTHER

15. MAIDEN NAME Elizabeth Griffiths

16. BIRTHPLACE (city or town) (State or country) Llanelly Wales

17. INFORMANT Martin Roberts
(Address) 2841 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 2 1938

19. UNDERTAKER John Whitehill Sons
(Address) 400 Eutaw Place

20. FILED Dec 2 1938 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to Nov 30 1938

I last saw her alive on Nov 30 1938. Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma, Pancreas

Date of onset 1937

Other contributory causes of importance:

Was an operation performed? yes. Date of 1938

For what disease or injury? Carcinoma, pancreas

Name of operation Gastro enterostomy Date of 2/8/38

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis W. Gluck, M. D.

(Address) 715 Park Ave

52565

HEALTH DEPARTMENT—CITY OF BALTIMORE

52565

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Washington St. (Hosp.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Anna Endres

If U. S. Veteran specify WAR

(a) Residence: No. 216 N. Chapel St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 7 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	78		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Frederick Endres

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hagston

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H. Endres

(Address) 107 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec 5, 1938

19. UNDERTAKER Martin H. E. Dippel

(Address) 27 S. Francis St

20. FILED Hunting [illegible] Registrar.

DEC 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1938 to Dec 1 1938

I last saw h[illegible] alive on Dec 1 1938. Death is said to have occurred on the date stated above, at 11:43 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 Yr
Other contributory causes of importance: Coronary Occlusion	1 Day

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Lawrence Cross M. D.

1530 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

52566

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52566

CERTIFICATE OF DEATH

8-5 ✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618-N. Durham Street St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR no

2. FULL NAME William G. Fales

(a) Residence: No. 1618-N. Durham Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta M. (Mattern)

6. DATE OF BIRTH (month, day, year) 9/5/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	70	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night-Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Fales

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine (Holton)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Etta Fales

(Address) 1618-N. Durham Street

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem. Date 12/3/38 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED ..... 19 ..... Registrar.

DEC 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1938 to 11-30 1938

I last saw him alive on 11-29 1938 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal disease	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

52567

HEALTH DEPARTMENT—CITY OF BALTIMORE

52567

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Washington (32576)

If U. S. Veteran specify WAR

(a) Residence: No. 415 W. Hoffman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Randolph

6. DATE OF BIRTH (month, day, year) November 19, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Md.

FATHER

13. NAME William Carter (Dl)

14. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

15. MAIDEN NAME Alvert Bantum

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date Dec 3, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED 12-1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938 to November 29, 1938

I last saw her alive on November 29, 1938 Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Tuberculosis of Lungs	Mar 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52568

CERTIFICATE OF DEATH

F 52568

1. PLACE OF DEATH — St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Worthington Moore

(a) Residence: No. Fulton Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Moore

6. DATE OF BIRTH (month, day, year) July 22nd 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
(68) 72	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Fulton Md.

FATHER

13. NAME John Wesley Moore

14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

MOTHER

15. MAIDEN NAME ? Cecil

15. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Clifton E. Moore

(Address) 681 Canton Rd Akron Ohio

18. BURIAL, CREMATION, OR REMOVAL Loreland Cem Date 12/3 1938

19. UNDERTAKER Wm J. Hunter

(Address) 1217 E. Fayette St

DEC 2 1938

Registrar.

Hunting

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/1938

22. I HEREBY CERTIFY, That I attended deceased from 9/14/1938, to 12/1/1938.

I last saw him alive on 12/1/1938. Death is said to have occurred on the date stated above, at 4:17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	over

Other contributory causes of importance:

Atony of the bladder. Weak

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles A. Lynch M. D.

(Address) St. Agnes Hospital

V8 3

DEC 2 1938

Hens

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52569

CERTIFICATE OF DEATH

163 F 52569

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hospital (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran Specify WAR

2. FULL NAME Mary Virginia Hayes

(a) Residence: No. 1 Oak Ave. Location Mt. Lake Park, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arnold S. Hens

6. DATE OF BIRTH (month, day, year): Dec. 14-1909

7. AGE: Years: 28 | Months: 11 | Days: 17 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year): 0

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Richmond Va.

MOTHER

13. NAME: Lucy Caldwell

14. BIRTHPLACE (city or town) (State or country): Grandview Va.

FATHER

15. MAIDEN NAME: Adrian Ellison

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Joseph S. Hayes

(Address): Oak Ave. Lackawanna Mt. Lake Park

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: 12/3 1938

19. UNDERTAKER: Whiting Bros.

(Address)

20. FILED DEC 2-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 2 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 12/1 1938

Where did injury occur? Oak Ave & Woodlawn (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In the home

Manner of injury Took Bichloride

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) Md. St. Hagerstown

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52570

CERTIFICATE OF DEATH

CGK--38383 F 52570

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-L 98 Ward)
life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Wetzelberger

If U. S. Veteran specify WAR 1/0

(a) Residence: No. 609 N. Ellwood Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

8a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred (D)

6. DATE OF BIRTH (month, day, year) April 7, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Phillip Fessman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Pfotzer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/3 1938

19. UNDERTAKER Wm Cook
(Address) 1219 E Fayette St

20. FILED DEC 2-1938 1938 Huntington Mallonee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-26 1938 to 12-1 1938

I last saw her alive on 11/30 1938 Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene - arteriosclerotic of left foot	5 days
Bronchopneumonia	3 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V6 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52571

CERTIFICATE OF DEATH

City

1608 F 52571

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sally Lee Drummond

If U. S. Veteran specify WAR

(a) Residence: No. 781 Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
		1	(3 Hours)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Cornelius Drummond

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sally Raleigh

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 2 - 1938 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED DEC 2 - 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1938 to 11-29, 1938

I last saw her alive on 11-29, 1938 Death is said to have occurred on the date stated above, at 7:50 P.m. 11-29-38

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	11-28

Other contributory causes of importance:

Prematurity

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) D. Stathelder jr. M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

4461

M. D. B. 1262-9

F 52572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-B F 52572

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 20 West (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Baby Boy~~ Charles J. Maizel

(a) Residence: No. 2650 Laurette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-24-38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME George E. Maizel

14. BIRTHPLACE (city or town) (State or country) S. Dakota

MOTHER

15. MAIDEN NAME Mrs. Morgan B. Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 19

UNIVERSITY MEDICAL SCHOOL DEC 2 - 1938
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address)

20. FILED DEC 2-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1938, to Nov. 30, 1938

I last saw h alive on Nov. 30, 1938. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Cerebral Hemorrhage.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Friedman, M. D.

(Address) Franklin Sq. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52573

CERTIFICATE OF DEATH

1 59 F 52573

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Baby Boy Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 614 Perkins Circ St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Umbergen

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Ella Smith

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 2 - 1938 19
Commissioner of Health

19. UNDERTAKER
(Address) For H. A. Moore
DEC 2-1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15th. 1938. to November 29th. 1938.

I last saw him alive on November 29th 1938. Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:
malnutrition
dehydration

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Gilbert J. Wells M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 0 3

4463

SIMMS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52574

CERTIFICATE OF DEATH

82-a

F 52574
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 101 Ashland Ave (St.) 5-1 (Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Simms

(a) Residence: No. 607 N Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lulu Simms

6. DATE OF BIRTH (month, day, and year): April 4 1885

7. AGE — Years: 53 | Months: 7 | Days: 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Simms

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Joeanna Smith

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lulu Simms
(Address) 1023 N Caroline ST

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date 12-3 1938

19. UNDERTAKER Mrs R. E. Elliott-Haughton
(Address) 1123 N. Caroline St

20. FILED 19 DEC 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy — Date of onset: Nov 30 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen M. D.
Coroner

(Address) 50 Susquehanna St

OCCUPATION is very important. See instructions on back of certificate.

V S

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52575

CERTIFICATE OF DEATH

✓ 82-a F 52575

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-6 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie Snedeker

(a) Residence: No. 1747 E. Fairmount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Abraham L. Snedeker

6. DATE OF BIRTH (month, day, year) June 18, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Elias ?

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Snedeker

(Address) 1747 E. Fairmount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County 12-7-38

19. UNDERTAKER Wendell E. Humphreys

(Address) 15-01 N. Broadway

DEC 2-1938 Hunting

Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) Coroner

V S 6

M. D. B. 1268-9

F 52576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B F 52576

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Collins Ave St. Irvington 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Jane Smith

(a) Residence: No. 118 Collins Ave. Irvington, Balto. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip F. Smith

6. DATE OF BIRTH (month, day, year) Aug. 3 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Thomas Crington

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary E. Browning

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Wilda Hartman

(Address) 118 Collins Ave. Irvington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. View Gdns. Date Dec 3 . 19 38

19. UNDERTAKER Harry Weis

(Address) Catonsville, Md.

20. FILED DEC 2-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 . 1934 to Dec 1 . 1938

I last saw her alive on Nov. 30 . 1938. Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Lesion	1934
Coronary Occlusion	Nov 12 1935
Pneumonia Terminal	Nov 29, 1938

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W. Johnson . M. D.

(Address) 3432 Frederick Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52577

HEALTH DEPARTMENT—CITY OF BALTIMORE

52577

CERTIFICATE OF DEATH

172-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. James F Beatty

If U. S. Veteran specify WAR .....

(a) Residence: No. 3753 Keswick Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Evelyn A. Beatty

6. DATE OF BIRTH (month, day, year) Aug 4, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME David Wesley Beatty

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Annie Black

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Orion G Beatty

(Address) 3753 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 3- 1938

19. UNDERTAKER Horace G Driggs

(Address) 3631 Falls Road

20. FILED ... 19... Registrar.

DEC 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 11-25-38, 19..., to 11-30-38, 19...

I last saw him alive on 11-30-38, 19... Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia - post-operative	1930
Other contributory causes of importance:	
Pulmonary embolis	11-30-38

Was an operation performed? Yes Date of 11-26-38

For what disease or injury? Hernia -

Name of operation Herniaplasty

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W K Mansfield M. D.

(Address) Md Gen Hospital

52578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52578

CERTIFICATE OF DEATH

OCK--39389

Registered No. 24-2-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital life St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Owens

If U. S. Veteran specify WAR .....

(a) Residence: No. 236 N. Carey St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Justus Owens

6. DATE OF BIRTH (month, day, year): 3-3-1895 1698

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	43	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown p 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Grant Brightful

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Kate Thompson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Dec. 5 1938

19. UNDERTAKER D. D. Kaylor & Son

(Address) [illegible]

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1938, to December 2, 1938

I last saw her alive on December 2, 1938. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov 1938
Other contributory causes of importance: over	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. DeSantis M. D.

(Address) Baltimore City Hospitals

V0 5

1938

12

52529 52579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-2 Ward),

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry S. Geagleim

(a) Residence: No. 2592 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Retta

6. DATE OF BIRTH (month, day, year) Aug. 19, 1894

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
44	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry N. Geagleim

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Feigner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Dec 5 '38

19. UNDERTAKER Jos. F. Bleiphart & Son
(Address) 300 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.1 .1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938, to December 1, 1938

I last saw h. alive on Dec. 1, 1938. Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	3 days
Rheumatic cardiovascular disease	20 yrs.
Subacute bacterial Endocarditis	3 mos.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. G. Guiss, M. D.

(Address) Mercy Hospital

DEC 2-1938

2580

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52580

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Furrow Street St. 20-5 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CHRISTIAN RICHERT

(a) Residence: No. 413 Furrow Street St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margarite Richert

6. DATE OF BIRTH (month, day, year) Oct. 9-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Greenwald Packing Co.

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Lurenzo Richert

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Margarite Richert
(Address) 413 Furrow Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Dec. 3-38

19. UNDERTAKER F. B. Keppler & Son
(Address) 1300 EUTAW PLACE B.C.

20. FILED ..., 19..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29-38

22. I HEREBY CERTIFY, That I attended deceased from April 15 19 38 to Nov 29 19 38

I last saw him alive on Nov 29 19 38. Death is said to have occurred on the date stated above, at 9:05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma endeavered of stomach	11 mo.
Other contributory causes of importance: cardiac dilitation	3 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray & Phy Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred J. Kuessel M. D.
(Address) 3321 Forest Ave

V.S.

C 2-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52581

CERTIFICATE OF DEATH

× 159

F 52581

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 wks ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Hodges

(a) Residence: No. Havre de Grace Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 1st 38

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Havre De Grace Md

FATHER

13. NAME Alfred Hodges

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Sarah Worley

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Mr Alfred Hodges

(Address) Havre de Grace

18. BURIAL, CREMATION, OR REMOVAL

Place Baker Cem. Date Dec 3 1938

19. UNDERTAKER Mr Henry Darring & Son

(Address) Aberdeen Md.

Registrar

DEC 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Collapse	6 hrs
Other contributory causes of importance: Prematurely (28 weeks)	6 hrs.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams Coroner, M. D.

(Address) 1360 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

V-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK --39478 F 52582

F 52582

Registered No. 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Christ Bolfar

(a) Residence: No. 1500 Malster Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline

6. DATE OF BIRTH (month, day, year) Mar. 23, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69 63	69	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Dec 5th 1938

19. UNDERTAKER Wm Cook

(Address) 127 E. Pratt St

20. FILED 1938 Registrar.

509-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 11/29 1938 to 12-2 1938

I last saw h.m. alive on 12-1 1938 Death is said to have occurred on the date stated above, at 12° A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectural Hypertrophy probably malignant	?
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. Klubodowski M. D.

(Address) Balto City Hosp.

V.S.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52583

CERTIFICATE OF DEATH

82-dF 52583

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas St. Clair

(a) Residence: No. 513 Rossiter Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ida St. Clair

6. DATE OF BIRTH (month, day, year) June 4th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME Marion St. Clair

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Wingate

16. BIRTHPLACE (city or town) (State or country) Prathes Co. Md

17. INFORMANT Hazel St. Clair
(Address) 513 Rossiter Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 5th 1938

19. UNDERTAKER Wm Cook
(Address) 247 St Paul St

20. FILED DEC 3 - 1938 Registrar.

V8 9

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 2 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 , 1938 , to Dec 2 , 1938

I last saw him alive on Dec 2 , 1938. Death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tunget , M. D.

(Address) St. Josephs Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52584

CERTIFICATE OF DEATH

131 F 52584
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran, specify WAR

2. FULL NAME Anna Leland

(a) Residence: No. 1124 Homewood St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 3, 1886

7. AGE: Years 51 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Bank
10. Date deceased last worked at this occupation (month and year): 12-1-38
11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER
13. NAME: Michael Leland
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Mary Timothy
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Margaret Leland 1124 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Dec 5, 1938

19. UNDERTAKER (Address): Wm Roth 1217 St Paul St

DEC 3-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) found that said deceased came to her death on the date stated there.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-1-38

Other contributory causes of importance: Hypertension Cardiovascular Renal Disease 2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe M. D.
Coroner

(Address) 1331 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52585

CERTIFICATE OF DEATH

47-C F 52585

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver F Garbot

If U. S. Veteran specify WAR

(a) Residence: No. 3419 Greenmount Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary Tarbox

6. DATE OF BIRTH (month, day, year) Jan 4th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Tarbox
(Address) 3419 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. National Date Dec 5th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED DEC 3 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/25, 1938, to 12/2, 1938

I last saw him alive on 12/2, 1938. Death is said to have occurred on the date stated above, at 3:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma	
Other contributory causes of importance:	
Respiratory failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. E. Pearson M. D.
(Address) Md. Gen. Hosp.

V0 8

52586

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52586

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Ellwood St. 17-W Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. C. Richardson

If U.S. Veteran specify WAR ...

(a) Residence: No. 1207 Ellwood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13 1938

7. AGE Years.	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. D. Richardson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Perkins

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Chas. D. Richardson

(Address) 1707 Ellwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 3 1938

19. UNDERTAKER Mrs Francis A. Handley

(Address) 525 S. Broadway St.

20. FILED Dec 3 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2/38

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1938 to Dec 2 1938

I last saw h... alive on Dec 2 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	11/29/38
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. F. Hetrick M. D.

(Address) 1-N 25 St

H 52587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52587

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 656 W. Barre St., 22-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs...mos...ds.

2. FULL NAME Bessie Alma Frazier

If U. S. Veteran specify WAR

(a) Residence: No. 656 W. Barre St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter B. Frazier

6. DATE OF BIRTH (month, day, year) Aug 9, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
49	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) employed at this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Benj. Chase

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bessie Chase

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dorothy Robb.

(Address) 629 N. Fremont.

18. BURIAL, CREMATION, OR REMOVAL

Place Mutual C.C. Md Date 12/3 1938

19. UNDERTAKER Isaiah L Brown Son

(Address) 1018 W Montgomery Street

20. FILED ..., 19... Registrar.

12-3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938 to Nov 29, 1938

I last saw h... alive on Nov 29, 1938 Death is said to have occurred on the date stated above, at 9:15 p. m.

The principal cause of death and related causes of importance were as follows:

Ruptured Septic Ulcer — Date of onset Nov 27 1938

Other contributory causes of importance: None

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

...If so, specify

(Signed) John W. Fowler M. D.

(Address) 615 N. Eden St

52588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52588

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Belt St. St. 24-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jenkins

If U. S. Veteran specify WAR

(a) Residence: No. 1801 Belt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherne Jenkins

6. DATE OF BIRTH (month, day, year) Sept 7, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer B. & O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bailey Jenkins

14. BIRTHPLACE (city or town) (State or country) UnKnown

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Mary Deleshmith
(Address) 1801 Belt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Dec 3 1938

19. UNDERTAKER Chas L. Sterling
(Address) 1501 E Fort Ave

20. FILED DEC 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Broncho Pneumonia	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) F. H. Schuchman Coroner, M. D.

(Address) 875 Penna

OCCUPATION is very important. See instructions on back of certificate.

BARNES

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52589

CERTIFICATE OF DEATH

95-B F 52589

Registered No.

1. PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. ~~1830 Lorman~~ St. 15-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sara Barnes

If U. S. Veteran specify WAR

(a) Residence: No. 1830 Lorman St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Barns

6. DATE OF BIRTH (month, day, year) March 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Elliott Martin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sara Matthews

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elsie Geddings

(Address) 1830 Lorman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hyton Cem Date 12-3-38

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

Filed DEC 3-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1938 to Nov. 30, 1938

I last saw her alive on Nov. 30, 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Sclerosis Cardiovascular Disease	?
Decompensation - Cardiac	

Other contributory causes of importance:

Hypertension	
Acidosis, Pulmonary	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard S. Wrenn M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52590

CERTIFICATE OF DEATH

92-6

F 52590
Registered No.

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Ginsling

(a) Residence: No. 74 N. Chapsel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Margaret Ginsling

6. DATE OF BIRTH (month, day, year) Sept. 7-1883

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Ginsling

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lavina Lasshied

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Margaret Ginsling

(Address) 74 N. Chapsel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Dec 5 1938

19. UNDERTAKER John Merrick

(Address) 2008 Aisquith

20. FILED DEC 3 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Occlusion	Dec
Cerebral hemorrhage	some time
Other contributory causes of importance: Bronchiectasis Asthma	6 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

F 52591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 52591

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3120 Fenton St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary [illegible]

If U. S. Veteran specify WAR

(a) Residence: No. 3120 Fenton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. L. [illegible]

6. DATE OF BIRTH (month, day, year) Mar 2 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]

(Address) 3120 Fenton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 5 1938

19. UNDERTAKER John H. Bluck

(Address) 2008 Eutaw St

DEC 8 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1938 to Dec 2 1938

I last saw her alive on Dec 2 1938 Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Rheumatic Cardiovascular Disease	
Coronary Thrombosis	
Other contributory causes of importance: None	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 542 S. Ellwood Ave.

52592

HEALTH DEPARTMENT—CITY OF BALTIMORE

52592

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Arlington ave (Govans St. 27-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gilbert Cassard Grope

If U. S. Veteran specify WAR .....

(a) Residence: No. 505 arlington ave (Govans) St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ida May Hopper

6. DATE OF BIRTH (month, day, year) Feb 14, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buteker 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self employed

10. Date deceased last worked at this occupation (month and year) Dec 1925

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME Jacob Grope

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Cassard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daughter Miss Grace A. Grope
(Address) 505 arlington ave

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Dec 5 1938

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 .....
Dec 6 1938 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to Dec 2, 1938

I last saw him alive on Dec 2, 1938. Death is said to have occurred on the date stated above, at 4.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1924
Other contributory causes of importance:	
Nephritis (chr. Interst), apoplexy	?
uremia	3 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman Abbott, M. D.

(Address) 3939 Fremont

52593

HEALTH DEPARTMENT—CITY OF BALTIMORE

52593

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 PARK AVE. St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Rev. RICHARD BRADLEY JONES

If U. S. Veteran specify WAR

(a) Residence: No. 841 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E. CLERGYMAN

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A.CO. MD.

FATHER

13. NAME JOHN H. JONES

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME RACHEL A. HARBOE

16. BIRTHPLACE (city or town) (State or country) MD.

17. INFORMANT MRS. EDITH FRENCH
(Address) 1315 BELMONT ST. N.W. WASH. D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place DAVIDSONVILLE Date DEC 4, 1938

19. UNDERTAKER John Mitchell & Son
(Address) 1900 EUTAW PLACE

20. FILED 19 (Registrar)

3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 2. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 19 38 to Dec 2 19 38

I last saw him alive on Dec 2 19 38 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 days
Arteriosclerosis	1926
Chronic Interstitial Nephritis	1930
Other contributory causes of importance:	
Uraemia	1 day

No

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Richard F. Sullivan M. D.

(Address) 6 E. BIDDLE ST.

52594

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52594

CERTIFICATE OF DEATH

180 CC

Registered No.

1. PLACE OF DEATH Balto. City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 14-2 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Moore

If U. S. Veteran specify WAR

(a) Residence: No. 616 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of George Moore

6. DATE OF BIRTH (month, day, year) Jan. 20-1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Whitmore

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT George Moore

(Address) 616 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Dennwood Va. Date 12/3/38

19. UNDERTAKER Isaac L Brown & Son

(Address) 108 N Montgomery St

20. FILED 19

Registrar

C-3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 5th Cervical Vertebra	Dec 1 1938
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Laparotomy Date of Dec 1 1938

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 1 1938

Where did injury occur? 616 Division St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell through window

Nature of injury Fracture Vertebra-Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Broadway

Instructions on back of Certificate. Important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52595

CERTIFICATE OF DEATH

91-9 F 52595

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp't St. 6-5 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pasquale Culotta

(a) Residence: No. 1502 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Culotta

6. DATE OF BIRTH (month, day, year) Sept. 1-1892

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	46	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominico Culotta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Culotta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Jennie Culotta (Wife)
(Address) 1502 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 5th 1938

19. UNDERTAKER Frank Della Nave
(Address) 52 N. Morley St.

20. FILED DEC 3 - 1938 Huntington [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938, to Dec. 1, 1938

I last saw him alive on Dec. 1, 1938. Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	
Other contributory causes of importance: Septicemia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. T. Rogers M. D.

(Address) Mercy Hospital

52596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52596

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Scott St. St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Albert Tawney

If U. S. Veteran specify WAR .....

(a) Residence. No. 1004 Scott St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E.

6. DATE OF BIRTH (month, day, year) March 13 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Tawney

(Address) 1004 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Dec 3 1938

19. UNDERTAKER Ambrose Inc.

(Address) 1017 W. Lanvale St.

20. FILED ..... 19..... Registrar.

DEC 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, — 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1938 to Dec 1 1938

I last saw him alive on Dec 1 1938 Death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	Nov 29/38
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos. F. Cates, M. D.

(Address) 573 Scott St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52597

CERTIFICATE OF DEATH

39493 38 F 52597

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melissa Trostle (Garrett)

If U. S. Veteran specify WAR

(a) Residence: No. 306 Franklintown Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip

6. DATE OF BIRTH (month, day, year) 10-23-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Jacob Berger

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Harrisburg Pa Date Dec 6 38

19. UNDERTAKER Harry D. Lutzke

(Address) 1101 Edmondson Ave

20. FILED Dec 2 1938 19 Huntington Willis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 29. 1938 to November 30 1938

I last saw her alive on November 30. 1938. Death is said to have occurred on the date stated above, at 11 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeWeese Lantzille M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52598

CERTIFICATE OF DEATH

117-6 F 52598

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S. Truman

If U. S. Veteran specify WAR

(a) Residence: No. 1739 N. Bond St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potomac Pipe Company

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME James E. Truman

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Mary A. Harris

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date DEC 3, 1938

19. UNDERTAKER Harry N. Wiltze
(Address) 401 Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938, to Nov 30, 1938.

I last saw h[illegible] alive on Nov 30, 1938. Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	11-28-38
Hypertensive Cardiovascular Disease	?
Perforated Gastric Ulcer	11-23-38

Other contributory causes of importance:

Arteriosclerosis	?

Was an operation performed? Yes Date of 11-23-38

For what disease or injury? Perforated Gastric Ulcer

Name of operation Repair of perforation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Scott, M. D.

(Address) Maryland General Hosp.

52599 E 52599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hos. for the Women of Md. Ward) 4th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Agnes P. Smith

(a) Residence: No. Christ Church (Boyle Ave) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10. 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Rev Wm. D. Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy H. Powers

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Frances Tattnall

(Address) St Thos Rectory

18. BURIAL, CREMATION, OR REMOVAL

Place Burgville Va Date Dec 4 1938

19. UNDERTAKER John O. Mitchell Sons

(Address) 1915 Eutaw Place

20. FILED Dec 5 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry)

And that said deceased came (Inquest, Autopsy or Inquiry)

death on the day stated above.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

8-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

#39363

F 52600

CERTIFICATE OF DEATH

✓ 82-a

F 52600

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 mo. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Conyers, Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 727 W. Saratoga St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Conyers

6. DATE OF BIRTH (month, day, year) ~~1878~~ ? 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~66~~ ?61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk.

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sumter, S.C. Date Dec 3, 1938

19. UNDERTAKER Jere Kate R. Williams

(Address) 322 N. Schroeder St.

20. FILED DEC 3 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/38 19

22. I HEREBY CERTIFY, That I attended deceased from November 26 1938 to December 1 1938

I last saw him alive on December 1, 1938. Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-26-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. DeSautelle M. D.

(Address) Baltimore City Hospitals

52601

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52601

CERTIFICATE OF DEATH

5/131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? 20 yrs. — mos. — ds.

2. FULL NAME Gustave Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. Shawan Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Homes do

10. Date deceased last worked at this occupation (month and year) Mar 1938

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT John G. Brown

(Address) Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns - Glyndon Date Dec. 6, 1938

19. UNDERTAKER Landon M. Brooks

(Address) Sparks, Md

20. FILED DEC 4 - 1938 19 Huntington Williams, Dist

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/28/, 1938, to 12/3/38, 1938

I last saw him alive on 12/2, 1938. Death is said to have occurred on the date stated above, at 7:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	

Other contributory causes of importance:

Myocardial insufficiency

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Ed. Glassman M. D.

(Address) Md. G. H.

LHC

602

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52602

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Rosa E Sinnott

If U. S. Veteran specify WAR

(a) Residence: No. Westminster Carroll Co Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of George Sinnott

6. DATE OF BIRTH (month, day, year) Oct 4 - 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME George Sipes

14. BIRTHPLACE (city or town) (State or country) Westminster, Md

MOTHER

15. MAIDEN NAME Sarah Hubba

16. BIRTHPLACE (city or town) (State or country) Westminster, Md

17. INFORMANT Geo. Sinnett Jr.

(Address) Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Date Dec. 6, 1938

19. UNDERTAKER H. Bankert & Son

(Address) Westminster, Md.

DEC 4 - 1938

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3rd, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence (Inquest, Personal Knowledge or Inquiry)

obtained by said Inquest and from the said deceased came (Inquest, Personal Knowledge or Inquiry)

to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Cardiac Embolii	5 min.
Other contributory causes of importance:	
Fract of Rt Forearm & Humerus, Oradeta	5 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 29, 1938

Where did injury occur? Home - Westminster - Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell

Nature of injury Fracture of Rt forearm & Rt shoulder

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Michael A Abrams M. D.

Coroner

(Address) 2360 Eutaw place

V S 6

2603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52603

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-5 Ward)

Registered No. V 157-e

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victor Russell Shotts, Jr.

If U. S. Veteran specify WAR ...

(a) Residence: No. Texas Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 27 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas Md.

MOTHER

13. NAME Victor Russell Shotts Jr.

14. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

15. MAIDEN NAME Florence Mae Shaw

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Victor Russell Shotts Sr.
(Address) Texas Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodland Park Date Dec 5 1938

19. UNDERTAKER John Burns Sons
(Address) Towson Md.

DEC 4 1938 Huntington Ind. Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify.

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52604

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Max Eagle

(a) Residence: No. 664 E. 160th St, Bronx Ward N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Eagle

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jack Eagle

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie Brynes

16. BIRTHPLACE (city or town) (State or country) Russia

JOHNS HOPKINS HOSPITAL

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New York Date 12/3/38

19. UNDERTAKER Jack Levy Inc
(Address) 1437 E. Baltimore St

20. FILED 19 Written by Miss Williams

DEC 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938 to Dec 3, 1938.

I last saw him alive on Dec 3, 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Olfactory Groove Brain Tumor	
Tumor - Benign	
Other contributory causes of importance:	

Was an operation performed? yes Date of Nov 29 1938

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kenneth L. Ecklff M. D.

(Address) Johns Hopkins Hosp

2605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52605

CERTIFICATE OF DEATH

OGK--39281 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 2118 Oak St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Green (Sep)

6. DATE OF BIRTH (month, day, year) 1-1-1904 January 1, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~45~~ 34	~~45~~	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jerry Palmer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maria

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/6 38

19. UNDERTAKER Thomas E. Kelson

(Address) 1313 Pennsylvania Ave

20. FILED DEC 4 1938 Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1938 to December 1, 1938

I last saw her alive on December 1, 1938 Death is said to have occurred on the date stated above, at 2221 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-23-38
Other contributory causes of importance:	over

Was an operation performed? Yes Date of 11-25-38

For what disease or injury? Ascites

Name of operation Paracentesis

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lauteble M. D.

(Address) Baltimore City Hospitals

2606 354695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52606

CERTIFICATE OF DEATH

78

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 15-1 St. D Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lafayette Brooks

(a) Residence: No. 1614 N. Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6. DATE OF BIRTH (month, day, year): 4-28-07

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Robert Brooks

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lizzie Grayson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: St Mary's Ind Date: Dec 5 1938

19. UNDERTAKER: T. G. Kelson
(Address): 1303 Presstman St.

20. FILED ... Registrar

DEC 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938 to Dec 2, 1938

I last saw h. alive on Dec 2, 1938 Death is said to have occurred on the date stated above, at 8 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple brain abscess	
secondary to bronchiectasis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12/2/38

For what disease or injury? Attempt to aspirate abscess

Name of operation Trephine and Ventricular Tap.

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fremont Billings M. D.

(Address) J. H. H.

52607 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52607

CERTIFICATE OF DEATH

23-1498

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred, 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Wheelton

If U. S. Veteran specify WAR

(a) Residence: No. 115 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-10-04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Wheelton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Holland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12-5 19 38

19. UNDERTAKER Belair Rd Funeral Home

(Address) 2300 Belair Rd

20. FILED ... 19 ... Registrar

DEC 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938 to Nov 30, 1938

I last saw her alive on Nov 30, 1938 Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June, '38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hotel in Baby remain in Hospital

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Laulusk M. D.

(Address) Johns Hopkins Hosp.

52608

HEALTH DEPARTMENT—CITY OF BALTIMORE

52608

CERTIFICATE OF DEATH

186-a cc

1. PLACE OF DEATH Sacto. City Hospital

Registered No. 872

CITY OF BALTIMORE: (No. Bay View St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rozalia Bak (or Bunk)

(a) Residence: No. 715 S. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Anthony Bak (or Bunk)

6. DATE OF BIRTH (month, day, year) Oct 12-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Antonia Szczaniak

(Address) 715 S. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date Dec 6th 38

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann St

20. DEC 4-1938 Huntington Wilson Registrar, V. F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest or Inquiry) and that said deceased came ~~to~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4 days
Other contributory causes of importance: Fracture Neck right femur	6 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 2 1938

Where did injury occur? Hudson & Lucerne Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Slipped on ice fell to street

Nature of injury Fracture Neck right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

M. D. B 1268-9

F 52609

2609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 2300 St., Ward)

Registered No. 94a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Frank J. Monius

If U. S. Veteran specify WAR

(a) Residence: No. Montrose Rd Woodbrook St., Ward. Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Edelman

6. DATE OF BIRTH (month, day, year) Dec. 28, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Monius

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Magdalen Bielefeld

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Mary C. Monius
(Address) Montrose Ave., Woodbrook

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 12/6 1938

19. UNDERTAKER Henry H. Means & Son
(Address) 305 N. Calvert St.

DEC 4 - 1938 Huntington Willis
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion (Acute Dilatation)	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. D. Nauna, M. D. Coroner

(Address) 8 2 W. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

52610

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52610

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 N. Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 93 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Fanny Kent

(a) Residence: No. 2413 - N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Benjamin Kent

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susan Wood

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT George Kent
(Address) 4007 Forwood Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 5 1938

19. UNDERTAKER Norris Funeral Home
(Address) Huntington Ave

20. FILED DEC 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1938 to Dec 2 1938.

I last saw her alive on Dec 2 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	2 days
Influenza & Bronchitis - Chronic	3 yrs
Arteriosclerosis	
Other contributory causes of importance:	
Cerebral Hemorrhage	3 days

Was an operation performed? no Date of ...

For what disease or injury? no

Name of operation ...

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Thomas Winfield M. D.

(Address) 4 W. Lexington St

611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52611

CERTIFICATE OF DEATH × CGK--36662

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-13-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. 3 mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

Life

2. FULL NAME Margaret Collier or Margaret Colyer (McCaffrey)

If U. S. Veteran specify WAR

(a) Residence: No. 402-6th St., Eastport, Md. St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
77	77	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Solomon Foutz

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Miriam Cook

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 5th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 E Fort Ave

20. FILED DEC 4 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1938, to 12-3, 1938

I last saw her alive on 12-2, 1938 Death is said to have occurred on the date stated above, at 3:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with metastasis	?
Bronchial Pneumonia	5 days
Other contributory causes of importance:	

Was an operation performed? yes Date of 9-19-38

For what disease or injury?

Name of operation Removal Breast

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. Bedward M. D.

(Address) Balto City Hosp

2612

HEALTH DEPARTMENT—CITY OF BALTIMORE 52612

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4425 Wrenwood Ave. St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Treadwell

(a) Residence: No. 4425 Wrenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced (or) WIFE of John Treadwell

6. DATE OF BIRTH (month, day, year) October 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Graham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary E. Colton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Treadwell
(Address) 4425 Wrenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Dec 6th, 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Huntington Williams, Registrar
DEC 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: —	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Chenoweth Coroner M. D.

(Address)

2613

HEALTH DEPARTMENT—CITY OF BALTIMORE

52613

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH South Balto. Gen. Hosp. 24-4

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Anna Holmes

(a) Residence: No. 1716 Belt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Richard W. Holmes

6. DATE OF BIRTH (month, day, year) Nov 28th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME John A. Wolfe

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Ida E. Maderia

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Richard W. Holmes
(Address) 1716 Belt St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 7th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED DEC 1 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3. 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-23. 1938 to 12-3. 1938

I last saw her alive on 12-3. 1938. Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Uremic Coma	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Krall, M. D.

(Address) South Balto. Gen. Hosp.

2649

614

HEALTH DEPARTMENT—CITY OF BALTIMORE

52614

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert H. Sharpe

If U. S. Veteran specify WAR .....

(a) Residence: No. 2513 N. Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Marion S. Sharpe

6. DATE OF BIRTH (month, day, year) Oct 3rd 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Presbyterian Church

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Elder Sharpe

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Kelso

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Marion S. Sharpe

(Address) 2513 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL Permanent Crematorium Place Dec 5th 1938

19. UNDERTAKER W. H. Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

Huntington Publishing Co.

EC 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938 to Dec 2, 1938

I last saw him alive on Dec 2, 1938. Death is said to have occurred on the date stated above, at 3:07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Mason Knox M. D.

(Address) Union Mem. Hospital

IX 3961

2615 ✓ F 52615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 212 W Biddle St 11-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horace Lipshur
If U. S. Veteran specify WAR

(a) Residence: No. 212 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: Col
5. Single, Married, Widowed, or Divorced (Write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE: Years 70 | Months — | Days - | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Old Age Remains
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Mrs M Hayes 212 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Douglas mem Date Dec 4 1938

19. UNDERTAKER (Address): E Hoffman Halstead & Sons Hill Co Huntington Williams, W. Va.

FILED DEC 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and (Inquest, Autopsy or Inquiry) find that said deceased came to (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) Geo Allen M. D.
(Address) 207 Augusta St

Mabel Payne

52616 HEALTH DEPARTMENT—CITY OF BALTIMORE 52616

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1[illegible] W. Saratoga St. 11-4 Ward)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mabel Payne
(a) Residence: No. 1[illegible] W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hobbs Payne

6. DATE OF BIRTH (month, day, year) 2[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

PERSONAL AND FAMILY HISTORY
13. NAME Hobbs Jones
14. BIRTHPLACE (city or town) Md
(State or country)
15. MAIDEN NAME Leah Jones
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md
17. INFORMANT Mrs Jones
(Address) 1[illegible] W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 12/4 1938
19. UNDERTAKER Charles H. Offer
(Address) 514 W. Calhoun St
Huntington Indiana

20. FILED DEC 4-1938 Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30/38. 19
22. I HEREBY CERTIFY, That I attended deceased from 11/26/38. 19 to 11/30/38. 19
I last saw h[illegible] alive on 11/30/38. 19 Death is said to have occurred on the date stated above, at 7[illegible] m.
The principal cause of death and related causes of importance were as follows: Pneumonia Influenza

	Date of onset

Other contributory causes of importance: Chronic heart trouble

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 124 [illegible]

517

HEALTH DEPARTMENT—CITY OF BALTIMORE

52617

CERTIFICATE OF DEATH

Registered No. ×131

1. PLACE OF DEATH Bon Secours Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2225 W. Fayette St.) 7th Ward)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 10 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Miss Annie Raab

(a) Residence: No. 912 Frederick Ave. St., Catonsville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 22, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

13. NAME OF MOTHER Mother Raab

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Winter

16. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

17. INFORMANT (Address) Rev. F. Rabe Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Date 12/5 1938

19. UNDERTAKER (Address) Edw. J. MacHale Catonsville Md.

20. FILED ... 19... Registrar.

DEC 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1938. 19... to Dec. 1, 1938

I last saw her alive on Dec. 1, 1938. Death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V-R Disease	4 yrs.
Cerebral Hemorrhage	2 hrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo. H. Brouillet M.D.

(Address) Bon Secours Hospital

GKG

52618

HEALTH DEPARTMENT—CITY OF BALTIMORE

52618

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Broomfield Ward) 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63yr mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie W. Flaumlacher

If U. S. Veteran specify WAR No

(a) Residence: No. 2022 Broomfield ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 22 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Flaumlacher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Wornicz

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Carrie Getty

(Address) 2022 Broomfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date 12/5 1938

19. UNDERTAKER J. Logan & Co.

(Address) 1433 Eastern Ave

DEC 4 - 1938 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1937 to December 3 1938

I last saw h.. alive on Dec. 3 1938 Death is said to have occurred on the date stated above, at 1045 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral injury	Aug 28-37
Asthma	
Myocarditis	
Acute cardiac dilatation	

Other contributory causes of importance:

Was an operation performed? yes Date Oct 27-1937

For what disease or injury? Cerebral injury

Name of operation Trephining of skull

What test confirmed diagnosis? Clinical and clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~Suicide~~ or Homicide? yes Date of injury 8-28-37 19...

Where did injury occur? Virginia

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury She fell and struck her head

Nature of injury Cerebral concussion and hematoma

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Kaderman M. D.

(Address) 2306 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

619

F 52619

54-a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Elizabeth Home

CITY OF BALTIMORE: (No. 3725 Ellerslie Ave 9-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister Margaret (Ellen Mc Mahon)

(a) Residence: No. 3725 Ellerslie Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Augt 1st 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

MOTHER OR FATHER

13. NAME Richard Trevor

14. BIRTHPLACE (city or town) (State or country) New foundland

15. MAIDEN NAME Margaret Anne Handley

16. BIRTHPLACE (city or town) (State or country) Manchester England

17. INFORMANT Rev Mother

(Address) St Elizabeth Home

18. BURIAL, CREMATION, OR REMOVAL

Place Convent Cem Date Dec 5 1938

19. UNDERTAKER J. Perkins & Son Inc

(Address) 6 Penna Ave Catonsville Md

Huntington Station, L.I.

..... 19..

Registrar.

FILED DEC 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937, 1937, to Dec. 4, 1938

I last saw her alive on December 3, 1938 Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Pulmonary Oedema.	

Other contributory causes of importance:

Enormous Tumor of Abdomen. Arteriosclerosis - Hypertension

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Rohrer M. D.

(Address) 1101 St Paul St.

52620

HEALTH DEPARTMENT—CITY OF BALTIMORE

52620

CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 Ashland Ave St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Marie Konrad

(a) Residence: No. 2331 Ashland Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph M. Konrad

6. DATE OF BIRTH (month, day, year) July 26, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	5	1 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Pich

14. BIRTHPLACE (city or town) (State or country) Bohemian

MOTHER

15. MAIDEN NAME Benda

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Konrad

(Address) 2331 Ashland Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/5/38 19

19. UNDERTAKER Charles E. Schimunek.

(Address) 2603 E. Madison St

20. FILED DEC 5 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1936 to Dec. 2, 1938

I last saw her alive on Dec. 2 1938 Death is said to have occurred on the date stated above, at 1 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	?
Myocarditis	years ago
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Vincent J. Joska M. D.

(Address) 845 N. Patterson Pk Ave

2621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52621

CERTIFICATE OF DEATH

XV 121

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Harry G. Spencer

If U. S. Veteran specify WAR .....

(a) Residence: No. Havre de Grace, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irma A. Spencer

6. DATE OF BIRTH (month, day, year) 3/23/1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Spencer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maude Foehard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Irma A. Spencer

(Address) Havre de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Harmony Grace Date Dec. 7 38

19. UNDERTAKER J. Madison Mitchell

(Address) Havre de Grace, Md.

20. FILED ..... Registrar

12-5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1938, to 12-4, 1938

I last saw him alive on 12-4, 1938 Death is said to have occurred on the date stated above, at 9.30P m.

The principal cause of death and related causes of importance were as follows:

(a) Acute Myocarditis & Chronic Appendicitis — Date of onset .....

Other contributory causes of importance: Liver & Cardiac failure

Was an operation performed? Yes Day of 11-5-37

For what disease or injury? Chronic Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Kastorazky M. D.

(Address) Md. Gen'l Hosp. Balto. Md.

M. D. B 1268-9

E 52622

2622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Frank A. Cupps

(a) Residence: No. Chestnut Ave., Ft. Howard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Cupps

6. DATE OF BIRTH (month, day, year) Dec. 31, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
(49)	49	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Detroit, Mich.

FATHER

13. NAME Frank Cupps

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Gruba

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jane Cupps
(Address) Chestnut Ave., Ft. Howard

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Cem. Date Dec. 5, 1938

19. UNDERTAKER William M. Mareck
(Address) 715 Light St.

DEC 5 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Date of injury Dec. 1, 1938

Where did injury occur? Balto. Co., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Struck by Auto, North Point Rd

Nature of injury near Chestnut Av. Fort Howard

24. Was disease or injury in any way related to occupation of deceased? No If so, state how ...

(Signed) L. H. Cochran M. D.
Coroner

(Address) 2757 Wilson St

2623

HEALTH DEPARTMENT—CITY OF BALTIMORE

52623

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH Sinai Hosp. 16-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record.

2. FULL NAME William C Donnelly Jr (Sr)

(a) Residence: No. 2304 Edmondson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Alice F. Donnelly

7. DATE OF BIRTH (month, day, year): July 27th 1869

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	6	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fire Service Dept

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R

10. Date deceased last worked at this occupation (month and year): 11/37

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

13. NAME: James Donnelly

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Harriet Wayne

16. BIRTHPLACE (city or town) (State or country): Cumberland Md

17. INFORMANT: William C Donnelly Jr

(Address) 2304 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL: Greenland Mem Park Date Dec 6th 193

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

DEC 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1938, to December 3, 1938.

I last saw h alive on December 3, 1938. Death is said to have occurred on the date stated above, at 6.15 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolus?

Date of onset 12-3-38

Other contributory causes of importance:

Hypertension cardiovascular disease

Was an operation performed? Yes Date of 11-11-38

For what disease or injury? Carcinoma of bladder

Name of operation Fulguation of bladder tumor via cystotomy.

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E J Murkin, M. D.

(Address) Sinai Hosp.

52624 HEALTH DEPARTMENT—CITY OF BALTIMORE 52624

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1572

CITY OF BALTIMORE: (No. Bay View St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William A. DeCosse If U. S. veteran specify WAR No Record

(a) Residence: No. 772 W. Lanvale St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. DeCosse

6. DATE OF BIRTH (month, day, year) Oct. 6-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Contracting

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Ella D. DeCosse Wife
(Address) 772 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 6th 1938

19. UNDERTAKER Wm Cook
(Address) 212 St. Paul St.

20. FILED ... 19 ... Registrar

E 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Dec 4
Valvular Heart disease	June
	June

Other contributory causes of importance: Arterio-Sclerosis Gen. June

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Gay St.

Spec.—2-29-28—L. F. S.—300 Bks.

2625

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52625

CERTIFICATE OF DEATH

46-F

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 6012 Harford Road ST., 27th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Veterans Hospital No Record

2—FULL NAME Allie Lee Berry

(a) RESIDENCE NO. 6012 Harford Road ST., 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry E Berry.

DATE OF BIRTH (month, day, and year) Oct. 7. 1866.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Richmond. Virginia

10 NAME OF FATHER Henry Meador

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucy Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Joseph C. Berry (Son) (Address) 6012 Harford Rd.

DEC 5 1938

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4, 1938.

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Dec 4, 1938, that I last saw her alive on Dec 4, 1938, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pancreas.

(duration)* 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cirrosis (diabetic)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) E. Wilson Sickel, M. D.

19 (Address) 5129 Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soiridal, or Homiridal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 12/7/1938

20 UNDERTAKER Wm Cook

ADDRESS 1217 E. Pratt St

52626 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52626

CERTIFICATE OF DEATH V165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fayette Hotel – 414 W. Fayette St. 16 – 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Evelyn L. Miller

(a) Residence: No. 823 McKean Ave St. ___ Ward. ___

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran (specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 17. 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	32	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baking Industry

10. Date deceased last worked at this occupation (month and year) Nov 38

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joshua Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret L. Lipscomb

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Bertha Sadofsky

(Address) 823 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 12/3/38

19. UNDERTAKER Harry F. Wolfe

(Address) 701 E. Lanvale Ave

Huntingdon 1938 Registrar

20. FILED

S-1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said Inquest, and from Autopsy Inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation & Fractured Cervical Vertebrae (Hanging) (Suicidal)	10 hrs.
Other contributory causes of importance: Mental Aberration (Melancholia)	2 yrs.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury Dec 2, 1938

Where did injury occur? 414 W. Fayette St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Hotel

Manner of injury Hanging

Nature of injury Strangulation & Fract. of Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Adams M. D.

Coroner

(Address) 1360 Eutaw Place

52627 Felix Carter F 52627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital 17-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Felix Carter

(a) Residence: No. 691 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-26-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) (State or country) Essex County Va

MOTHER

13. NAME Thomas Carter

14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. MAIDEN NAME Julia Hill

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Frank Carter
(Address) 1910 Carpenter St Phila

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/5 38

19. UNDERTAKER Wilkerson & Jackson
(Address) 916 Pleasant

20. FILED 12/5-1938 Thos. J. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day and hour above stated, from the following causes:

The principal cause of death and related causes of importance were as follows:

Uremia Cerebral Apoplexy

Date of onset 11/30/38

Other contributory causes of importance

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos Sadler M. D.
Coroner
(Address) 50 Lexington St

52628 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52628

CERTIFICATE OF DEATH CGK--39160

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-4 V 59 Ward)
life

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Oldewurtel

If U. S. Veteran specify WAR

(a) Residence: No. 1916 E. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6. DATE OF BIRTH (month, day, year): Aug. 1, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	63	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

MOTHER'S NAME

13. NAME: Edward

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Agnes Emmel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Dec 6 1938

19. UNDERTAKER: Lilly & Zeiler Inc.
(Address): 403 S Wolfe St.

20. FILED ... 19... Registrar.

DEC 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-20-1938 to 12-3-1938

I last saw him alive on 12-3-1938. Death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene right foot	?
Diabetes mellitus	?
Arteriosclerotic heart disease	?

Other contributory causes of importance:

Pulmonary embolism	sudden

Was an operation performed? Yes Date of 11-28-38

For what disease or injury?

Name of operation: Incision & Drainage right foot

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) L K Woodward Jr. M. D.

(Address) Balto City Hosp

52629 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52629

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E. LOMBARD ST. St. 2-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY M. PETERS

If U. S. Veteran specify WAR .....

(a) Residence: No. 1913 E. LOMBARD ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN F. PETERS

6/26/1845

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GERMANY
(State or country)

13. NAME PETER FROEDER

14. BIRTHPLACE (city or town) GERMANY
(State or country)

15. MAIDEN NAME MARYANN STECKEL

16. BIRTHPLACE (city or town) GERMANY
(State or country)

17. INFORMANT MARY A. PETERS (DAUGHTER)
(Address) 1913 E. LOMBARD ST

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER C Date DEC 5 19 3

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST

20. FILED 12-6-38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1933 to Nov 30, 1938

I last saw h[illegible] alive on Nov 30, 1938 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of [illegible] were as follows:

	Date of onset
Prostate Carcinoma	
Broat - 6 yrs duration	1933
Metastasis in lungs	
Myocarditis Chronic	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? usual Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

NO If so, specify .....

(Signed) [illegible] Kirby M. D.

(Address) 1106 North Ave

5 = 1938

52630

HEALTH DEPARTMENT—CITY OF BALTIMORE F 52630

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 W. Fremont Ave Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Laura young

If U. S. Veteran specify WAR .....

(a) Residence: No. 805 W. Fremont Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	Col.	Widow

6. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Jorge young

7. DATE OF BIRTH (month, day, year) 1863.

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va
(State or country)

13. NAME James Curtis

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Mary white

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT James T. Curtis
(Address) 1017 Bennett Pl.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Dec 5. 1938

19. UNDERTAKER James A Stamps
(Address) 142 Westill St

20. FILED ..... 19..... Registrar.

Huntington Avenue, [illegible]

-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938 to Dec 2, 1938

I last saw her alive on Dec 2, 1938 Death is said to have occurred on the date stated above, at 6:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 2
Hypertensive Cardio, Vascular Renal Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify

(Signed) M Ewbanks M. D.

(Address) 803 W. Fremont Ave

52631 HEALTH DEPARTMENT—CITY OF BALTIMORE 52631

CERTIFICATE OF DEATH

V 107-a oc

1. PLACE OF DEATH

Registered No. 822

CITY OF BALTIMORE: (No. 3305 Hoth St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin Harry Weitzel

If U. S. Veteran specify WAR

(a) Residence: No. 3305 Hoth St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Milton F. Weitzel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna C. Cuno

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Milton F. Weitzel father

(Address) 3305 Hoth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date 12-5 1938

19. UNDERTAKER H. M. E. Miller Inc

(Address) 2435 Oliver St.

20. FILED Huntington Williams, Jr. Registrar

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above and held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile Atrophy	3 Months
Bronco-Pneumonia Acute	1 day
Other contributory causes of importance: Malnutrition	3 Months

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 E. Baltimore St.

52632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52632

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 14-26 Ward)

Registered No. 1131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Wm J. Curtis

If U. S. Veteran specify WAR ___

(a) Residence: No. 1611 Madison Ave St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of Bertha Curtis

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	31	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (yrs.) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME — Curtis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Hus. Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12/5 1938

19. UNDERTAKER Chas H Algire Sr

(Address) 1200 McCulloh

20. FILED 12-5-1938 Registrar Huntington Thomas, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	2 hrs
Shock Cardiac Dilatation	
Other contributory causes of importance: Chr. Cardiovascular Renal Disease	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Michael A. Abrams, M. D.

(Address) 2760 Eutaw Place Coroner

2633

HEALTH DEPARTMENT—CITY OF BALTIMORE

52633

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 16-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Williams Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 1110 N. Gilmore St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 27-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Paul Williams Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Beatrice Dixon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT mother

(Address) 1110 N. Gilmore

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12-5 1938

19. UNDERTAKER Wm. R. A. Elliott & Daughter

(Address) 1129 N. Caroline St

20. FILED 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1938 to December 3, 1938

I last saw him alive on December 3, 1938 Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	10-28-38
Interstitial pneumonia	11-17-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry I. Gimbel, M. D.

(Address) Lyndenham Hospital

2634

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52634

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johnw hopkind St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Mary Norbeck

(a) Residence: No. 402 N. Maderia St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Norbeck

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Wm. Hess

14. BIRTHPLACE (city or town) (State or country) Phila, Pa.

MOTHER

15. MAIDEN NAME Elizabeth Dilmore

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Charles Wm. Norbeck

(Address) 402 Maderia St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mathews Cem. Date Dec. 6 1938

19. UNDERTAKER John C. Mitchell-Funeral

(Address) 1900 Eutaw Place

DEC 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) Coroner

52635 F 52635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 4 S. Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Parrish

If U. S. Veteran specify WAR

(a) Residence: No. 170 S. Haven St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Catherine Parrish

7. DATE OF BIRTH (month, day, year): 11-20-88

8. AGE: Years 50 | Months 0 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Trucking

11. Date deceased last worked at this occupation (month and year): July, 1938

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Edgar Parrish

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Sophie Batz

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cem. Date: Dec 7 38

19. UNDERTAKER: John Ulsh
(Address): 2008 Eutaw St.

20. FILED ... 19 ... Registrar.

C5-1938 ... Huntingdon Mills, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 4, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 19 38 to Dec. 4, 19 38

I last saw him alive on Dec. 4, 19 38 Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Congestive heart failure	14 wks.
Hypertensive cardiovascular disease	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Levin, M. D.

(Address) Mercy Hospital

F 52636 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52636

CERTIFICATE OF DEATH

✓ 49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Ramona St. 26-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Lee Gerhold

(a) Residence: No. 3205 Ramona St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John C. Gerhold

DATE OF BIRTH (month, day, year) March 25, 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 37

10. Date deceased last worked at this occupation (month and year) Aug, 1938

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME George Simmons

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie C. Constantine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Alice Baltz
(Address) Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 7, 1938

19. UNDERTAKER John Allen
(Address) 2611 Pulaski

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1937 to Dec. 3, 1938

I last saw her alive on Dec. 3, 1938 Death is said to have occurred on the date stated above, at 8.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, ovary	
Other contributory causes of importance:	

Was an operation performed? yes Date of Feb., 1937

For what disease or injury? Carcinoma, ovary

Name of operation Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Bacon, M. D.

(Address) 2810 Taylor Ave.

5-1938

52637 HEALTH DEPARTMENT—CITY OF BALTIMORE 52637

CERTIFICATE OF DEATH V 151

1. PLACE OF DEATH

Registered No. C 3990

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., City Ward)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 21 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs William Cushing (Sallie B.) If U. S. Veteran specify WAR

(a) Residence: No. Northway Apts St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Cushing

7. DATE OF BIRTH (month, day, year): Jan 13 1861

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9 10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md. Balto.

13. NAME: John Buck

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Eleanor Coe

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Emily Tramill (Taylor)

(Address): 2611 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place: Ground Date: 12/6/38

19. UNDERTAKER: STEWART & MOWEN COMPANY

(Address): (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

20. FILED: DEC 5 - 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12 - 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11 - 2, 1938 to 12 - 4, 1938

I last saw h.. alive on 12 - 4, 1938 Death is said to have occurred on the date stated above, at 9 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Senility	
Carbuncles	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-4-38

For what disease or injury? Carbuncles

Name of operation Cautery excision of Carbuncle

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles H. Clawson, M. D.

(Address) 3511 N Calvert City

52638 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52638

CERTIFICATE OF DEATH

V 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Roslyn Av St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? 82 yrs. 1 mos. 17 ds.

2. FULL NAME Mary Gertrude O'Connor

If U. S. Veteran specify WAR None

(a) Residence: No. 2507 Roslyn Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. H. O'Connor

DATE OF BIRTH (month, day, year) October 17-1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm. J. King

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

15. MAIDEN NAME Sarah A Stansbury

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Mr R. Wallis (brother-in-law)

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 6/38

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED ..... 19 .....

DEC 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/38. 19

22. I HEREBY CERTIFY, That I attended deceased from October 14. 1938. to December 4. 1938

I last saw her alive on December 3. 1938 Death is said to have occurred on the date stated above, at 1.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury? ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur J Davis, M. D.

(Address) 800 W 32nd St.

52639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52639

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 48 yrs. 7 mos. 20 ds.

2. FULL NAME Mrs. Lauein J. (Ethel M.) Ellison

If U. S. Veteran specify WAR

(a) Residence: No. 5301 St. Albans Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Francis J. Ellison

DATE OF BIRTH (month, day, year) Apr 12 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Flint Hill Virginia

13. NAME Dr. Lyle J. Millon

14. BIRTHPLACE (city or town) (State or country) Flint Hill Virginia

15. MAIDEN NAME Susan Jordan

16. BIRTHPLACE (city or town) (State or country) Flint Hill Virginia

17. INFORMANT Dr Francis J Ellison (husband)
(Address) 5301 St. Albans Way

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec 5 38 19

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODLAWN SUC.) 108 W. NORTH AVENUE

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 19 38 to Dec 2, 19 38

I last saw h-- alive on Dec 2, 19 38. Death is said to have occurred on the date stated above, at 2 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	11/28
Ileus	
Other contributory causes of importance	

Was an operation performed? ND Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) S. D. Sunday M. D.
(Address) Union Memorial Hospital

5-1938

2640 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52640

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals V 186-a

CITY OF BALTIMORE: (No. Bay View St., 21-2 Ward)

Registered No. 892

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Linthicum

If U. S. Veteran specify WAR.

(a) Residence: No. 1300 Jones St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F. Linthicum

6. DATE OF BIRTH (month, day, year) April 12-857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Linthicum

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edwin L. Linthicum

(Address) Russia Danville Va.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/7 1938

19. UNDERTAKER McCaul

(Address) 1217 E. Cold A

DEC 5-1938 19 Hunt Register, Md.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came Dec 4 death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma-Cerebral	Dec. 4 1938
Other contributory causes of importance: Fracture neck left femur	Dec. 2-1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Dec 2 1938

Where did injury occur? 1300 Jones St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Tripped upon going into bed

Nature of injury Fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Broadway

52641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52641

CERTIFICATE OF DEATH

✓ 84-92c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ella Walsh

If U. S. Veteran specify WAR .....

(a) Residence: No. Mount Hope Retreat St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McDonnell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 6 1938

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

Huntington Rivarde, NJK
Registrar.

Dec 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Dec 3, 1938

I last saw her alive on Dec 3, 1938. Death is said to have occurred on the date stated above, at 11.a m.

The **principal cause** of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
Acute Cardiac dilitation	
(Sudden death)	
Other contributory causes of importance:	
Senile Psychosis	1902

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None.

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Clifton P. Hill M. D.

(Address) Mount Hope Retreat.

52642 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52642

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 26-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Ile Bloom

If U. S. Veteran specify WAR .....

(a) Residence: No. 601 S. Clinton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary -

DATE OF BIRTH (month, day, year) 10/8/92

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	1	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Herman Ile Bloom

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Seula

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 12/7 1938

19. UNDERTAKER John S. Connelly
(Address) East Fred

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1938 to Dec. 4 1938

I last saw him alive on Dec 4 1938. Death is said to have occurred on the date stated above, at 5.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	unknown
Cholaemia	Sept. 1938
Hemorrhagic diathesis	June 1938

Other contributory causes of importance:

Alcoholism, chronic	—
Dietary deficiency	May 1938

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) P. H. Stutzfish M. D.

(Address) Johns Hopkins Hosp.

5-1938

52643

HEALTH DEPARTMENT—CITY OF BALTIMORE

52643

CERTIFICATE OF DEATH

4207 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Harrison

(a) Residence: No. St. Dennis St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret L. Harrison

6. DATE OF BIRTH (month, day, year) Nov. 12, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Md.

FATHER

13. NAME Michael W. Harrison

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alberta Lazenby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret Harrison

(Address) St. Dennis - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Boiar Springs Date Dec. 7 1938

19. UNDERTAKER F. C. Heguebathom, Jr.

(Address) Ellicott City, Md.

20. FILED 19 Registrar

Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Spinal Column	
Other contributory causes of importance: Compression of Spinal Cord	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/5 1938

Where did injury occur? Bay View Yards - Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell off a train

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Wheeler Coroner M. D.

(Address) Coroner

52644 HEALTH DEPARTMENT—CITY OF BALTIMORE E52644

CERTIFICATE OF DEATH

45 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins St. 12-7 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. O'Keefe (U. S. Veteran specify WAR)

(a) Residence: No. 101 W. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) (State or country) Balto City Md.

FATHER

13. NAME Thomas O'Keefe

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Katherine —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. E. E. Nelson

(Address) 101 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Dec 7 38

19. UNDERTAKER Fredk Lassahn & Son

(Address) Baltimore Md

20. FILED Huntington Indianola, N.Y.

Dec 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Throat	

Other contributory causes of importance: Hemmorhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If specify

(Signed) Paul Wheeler Coroner, M. D.

(Address) Coroner

2645 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52645

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DELLA HURLEY

If U. S. Veteran specify WAR

(a) Residence: No. VIENNA St., Ward. MARYLAND

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Lowell Hurley

DATE OF BIRTH (month, day, year) July 5 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Murphy

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lena Dayton

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Lowell Hurley Veeland

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Vienna Date Dec 7, 1938

UNDERTAKER E. B. Wilbaughby Hurlock Md

(Address)

FILED Huntington Pennsville, Md Registrar.

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5- 38

22. I HEREBY CERTIFY, That I attended deceased from 10/25/ 1938 to 12/5/ 1938

I last saw her ALIVE on 12/5/1938 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ADENOCARCINOMA LUNG	
CEREBRAL THROMBOSIS	12/3/38
RHEUMATIC CARDIOVASCULAR DISEASE	
MITRAL STENOSIS + INSUFFIENCY	

Other contributory causes of importance:

Was an operation performed? YES Date of 10/16/38

For what disease or injury? BIOPSY CERVICAL GLAND

Name of operation BIOPSY

What test confirmed diagnosis? LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett L. Diggs M. D.

(Address) UNIVERSITY HOSPITAL

52646

HEALTH DEPARTMENT—CITY OF BALTIMORE

52646

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S. Charles St. St. 22-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas G. Washington If U. S. Veteran specify WAR

(a) Residence: No. 727 S. Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Over 65

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Over 65 Old Age Pension			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/5 19 38

19. UNDERTAKER Isaac L Brown Son
(Address) 1084 W Mount Royal Ave

20. FILED Huntington Williams, Jr.
DEC 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Ross Uhler M. D.
Coroner

(Address) 225 Cathedral St

52647

HEALTH DEPARTMENT—CITY OF BALTIMORE

52647

CERTIFICATE OF DEATH

UGK--39041 59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Baum

If U. S. Veteran specify WAR

(a) Residence: No. 124 Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan

DATE OF BIRTH (month, day, year) Unknown 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
92	92	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sylvia Lea

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mt Carmel Date 11-5- 1938

19. UNDERTAKER Bal Levine Inc

(Address) 1346 E. Balto St

20. FILED 5-1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1938 to 12-4, 1938

I last saw h.e. alive on 12-4, 1938. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene right foot	2 months
Diabetes mellitus	?
Arterio sclerosis, general	?
Other contributory causes of importance:	
arterio sclerotic heart disease	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp

52648 F 52648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--39406 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-7 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ida Broderick

If U. S. Veteran specify WAR _____

(a) Residence: No. 1224 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lawrence

DATE OF BIRTH (month, day, year) Sept. 6, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George White

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Cem. Date Dec 6th, 1938

19. UNDERTAKER H. Kelly & Co
(Address) 1524 N. Collington Ave

20. FILED _____, 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1938 to December 2, 1938

I last saw her alive on December 2, 1938. Death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-27-38

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) H. A. de Lamballe M. D.
(Address) Baltimore City Hospitals

5-1938

52649 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52649

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH South Balto. Gen. Hosp. 24-1
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Left mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Beckner

(a) Residence: No. 1111 Hanbert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 14, 1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Earl H. Beckner
14. BIRTHPLACE (city or town) (State or country) Balto. Md
15. MAIDEN NAME Florence Rosinski
16. BIRTHPLACE (city or town) (State or country) Balto. Md
17. INFORMANT Earl H. Beckner
(Address) 1111 Hanbert St
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross a.a.b. Date Dec 6, 1938
19. UNDERTAKER A. Kaufel & Sons
(Address) 1400 St. Charles St
20. FILED Dec 6 1938 Huntington Williams, Jr. Dpty.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-30-1938 to 12-4-1938

I last saw him alive on 12-4-1938. Death is said to have occurred on the date stated above, at 6 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	Nov. 1938
Bronchopneumonia, bilateral	Nov. 30, 1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Louis J. Krolle, M. D.
(Address) South Balto. Gen Hosp.

52650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52650

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Naomi Fisher

If U. S. Veteran specify WAR

(a) Residence: No. 203 N Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 1 1934

7. AGE: Years 4 | Months 10 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Dawes Fisher

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Jones Fisher

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Irene Fisher

(Address) 203 N Durham St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Cem. Date Dec 5, 1938

19. UNDERTAKER: Ruth & Williams

(Address) 15 N McElderry St

20. FILED: Dec 5 1938 Huntington W. Va. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1-2-3rd degree burns of body	Dec 2 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) state in addition the following:

Accident, suicide, or homicide? Accident Date of injury Dec 2 1938

Where did injury occur? home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Clothes caught fire from coal stove while playing

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo I. Allen M. D.

(Address) 30 Eutaw St

(Original)

52651

HEALTH DEPARTMENT—CITY OF BALTIMORE

52651

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louise Simms

If U. S. Veteran specify WAR

(a) Residence: No. 209 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Sept. 13, 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Gladys Spriggs

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Date 12/8/38 19

19. UNDERTAKER J. B. Johnson

(Address) Annapolis

20. FILED Huntington Howard, Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938, to Dec. 4, 1938

I last saw her alive on Dec. 4, 1938. Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	May 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hosp.

F 52652

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52652

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N 27 St 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME John D Hood

If U. S. Veteran specify WAR

(a) Residence: No. 531 N 27 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer on R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Geo. Hood.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Patterson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Julia A Pilkan.

(Address) 531 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 6, 1938

19. UNDERTAKER Sheppard & Son

(Address) 815 Chestnut Ave

20. FILED DEC 5-1938 Huntington Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) died on said And that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Dec 2 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D.

(Address) Coroner

52653 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52653

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3206 Keswick Rd (Street) 12-5 (Ward) 22-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stephen L. Phippe.

(a) Residence: No. 3206 Keswick Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Phippe.

7. DATE OF BIRTH (month, day, year) Jan 16, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosiery Mills

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary A. Phippe

(Address) 3206 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL Mays Hampden Date Dec 5 1938

19. UNDERTAKER Chenoweth & Son

(Address) 3615-17 Christiana Ave

20. FILED Dec 5 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/2/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Haas M. D.
Coroner

(Address)

12-5-1938

2654 HEALTH DEPARTMENT—CITY OF BALTIMORE 52654

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emil Engelskirch

If U. S. Veteran specify WAR

(a) Residence: No. 3508 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Engelskirch

DATE OF BIRTH (month, day, year) May 1, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millinery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Albert Engelskirch

(Address) 842 W 33rd St

BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem. Date Dec 8 1938

UNDERTAKER Chenault & Son

(Address) 845 Chestnut Ave

FILED Dec 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Dec 5, 1938.

I last saw h alive on Dec 5, 1938. Death is said to have occurred on the date stated above, at 2 10 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	11-1-38
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? yes Date of 11-16-38

For what disease or injury? Carcinoma of rectum

Name of operation Resection Sigmoid

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. P. Arnaght, M. D.

(Address) St. Josephs Hosp.

8-1938

52655 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52655

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jennie Griffin

If U. S. Veteran specify WAR

(a) Residence: No. 215 Otterbein St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of William Griffin

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Fredricks Burg Va Virginia.

13. NAME Andrew Monroe.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Rebecca.

16. BIRTHPLACE (city or town) (State or country) Fredricksburg Va Va.

INFORMANT William Monroe.

(Address) 215 Otterbein St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec. 7 19 38

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

DEC 5-1938 19 Huntington W Virginia, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938 to Dec 3, 1938

I last saw her alive on Dec 3, 1938 Death is said to have occurred on the date stated above, at 6 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Carcinoma breast, rt.	
Metastasis, Lungs, Liver Pleura	
Hypertension	
Other contributory causes of importance:	
Hydronephrosis, rt	
Nephritis, Left	

Was an operation performed? yes Date of 1936

For what disease or injury? Ca breast rt

Name of operation Radical Mastectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard S. Athey M. D.

(Address) University Hosp.

2656

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52656

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH residence 4319 Parkwood ave. Registered No.

CITY OF BALTIMORE: (No. 4319 Parkwod. ave, St., 26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Armin

(a) Residence: No. 4319 Parkwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	WHITE	Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Mathew Armin

7. DATE OF BIRTH (month, day, year) March 4, 1866

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	28	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month, day, year) Oct. 1938

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Lithuania

14. NAME Matthew ? ?

15. BIRTHPLACE (city or town) (State or country) Lithuania

16. MAIDEN NAME Miss Barnickas

17. BIRTHPLACE (city or town) (State or country) Lithuania

18. INFORMANT Anna Paserskis

(Address) 4319 Parkwood Ave

19. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date Dec 6/38. 1938

20. UNDERTAKER Chas B. Kuchauckas

(Address) 637 S Paca St

21. FILED Dec 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24 1938 to Dec. 2 1938

I last saw h alive on Dec 2 1938 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Arteriosclerosis	7 yr.
Hypertension	5 yr.
Hydrothorax	1 yr.
Myocarditis	3 mo.
Diabetes Mellitus	15 yr.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lyman M.D.

(Address) 4208 Parkwood Ave

2657 F 52657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alice Scarborough

If U. S. Veteran specify WAR

(a) Residence: No. Harford & York St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Charles Scarborough

6. DATE OF BIRTH (month, day, year): Unknown.

7. AGE: Years 41; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): from 30

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Henry Williams

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: —: Singleton

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Catonsville Crema. Date: Dec 7th 1938

19. UNDERTAKER: Bernard G. Hauer

(Address): 131 S West St

Huntington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco-pneumonia	4 days
Other contributory causes of importance: Burns of Trunk & Arm (3rd Degree)	1 week

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury May, 1938

Where did injury occur? Kerosene (Town or Street)

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Oil Lamp exploded

Nature of injury 3rd degree burns of trunk & arm

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Michael A. Adams M. D.

Coroner

(Address) 2360 Eutaw Place

S 6

52658

HEALTH DEPARTMENT—CITY OF BALTIMORE

52658

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 Hunter St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....de.

2. FULL NAME Harry Nelson

If U. S. Veteran specify WAR .....

(a) Residence: No. 128 Hunter Street St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Nelson.

DATE OF BIRTH (month, day, year) Feb. 14-1901

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	9	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wilson Nelson

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Sarah E. Ross.

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Estella Burnell

(Address) 629 W. Pratt St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lucas Cem. Date 12/5 1938

UNDERTAKER Walter B. Brune

(Address) 1314 Pennsylvania Ave.

FILED ..... 19.... ..... Registrar.

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1938 to Dec 1 1938

I last saw him alive on Dec 1 1938 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/29 38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) C. P. Caswell M. D.

(Address) 911 Warner St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52659

CERTIFICATE OF DEATH

46-9 F 52659

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Bargrosser

If U. S. Veteran specify WAR .....

(a) Residence: No. 1727 Gwynns Falls Pkwy St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca

DATE OF BIRTH (month, day, year): July 15, 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	4	19.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Formerly Supt of Tenery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

BIRTHPLACE (city or town) (State or country): Russia

13. NAME Samuel Bargrosser

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Mollie —

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT Samuel Bargrosser

(Address) 1727 Gwynns Falls Parkway

BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date Dec 5, 1938

UNDERTAKER Sol Levinson & Bro.

(Address) 424-26 W. North ave

FILED ....., 19.....

DEC 5 - 1938 Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27 1938, to December 4 1938.

I last saw him alive on Dec. 4, 1938. Death is said to have occurred on the date stated above, at 8.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Carcinoma of Rectum	
Benign Prostatic Hypertrophy	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Nov. 4, 1938

For what disease or injury? Urinary retention

Name of operation Suprapubic cystotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) K. L. Grove, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52660

CERTIFICATE OF DEATH

159 F 52660

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 25-4 Ward)

1155/60

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Dent

(a) Residence: No. 420 Baltic Ave. St., ... Ward. Brooklyn, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-1-38

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 55 min.
				12

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Winston Dent

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Evelyn Payne

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Hunter Dent

(Address) 420 Baltic Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date Dec. 5 1938

UNDERTAKER Fred J. Krause & Son

(Address) 1216 E. Monument St.

DEC 5 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1 , 1938, to 12-2 , 1938

I last saw him alive on 12-2 , 1938. Death is said to have occurred on the date stated above, at 1055 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph J. Kellerth, Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52661 | 108 F 52661

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 W. 40th St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Wayne Ruby

If U. S. Veteran specify WAR

(a) Residence: No. 1219 W 40th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 20-1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Arthur M. Ruby.

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME Eva Martin

15. BIRTHPLACE (city or town) (State or country) Md

16. INFORMANT Mr. Arthur M. Ruby

(Address) 1219 W. 40th St.

BURIAL, CREMATION, OR REMOVAL

Place Lesaors Cem. Date 1938

UNDERTAKER Geo. F. Beyer & Son

(Address) 1512 Eutaw St.

DEC 5-1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 . 1938 to Dec 4 . 1938

I last saw him alive on Dec 4 . 1938. Death is said to have occurred on the date stated above, at 7:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Otitis Media	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 1123 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

#38830

52662

CERTIFICATE OF DEATH

59 F 52662 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 2118 Sidney Ave.-westport St. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) Jan. 2, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Julius Weidner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Hoffman

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Bethlehem Date Dec 5 '38

UNDERTAKER Geo E Boyer Jr

(Address) 15 E Hollins St

FILED Dec 5 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 11-9 , 1938 to 12-1 , 1938

I last saw her alive on 11-30 , 1938 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene right foot	?
Diabetes mellitus	?
Uremia	1 week
Other contributory causes of importance:	
Bronchopneumonia	4 days

Was an operation performed? yes Date of 11/15/38

For what disease or injury?

Name of operation amputation right leg

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Kilbourne Edwards Jr , M. D.

(Address) Balto City Hosp

Sec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52663

CERTIFICATE OF DEATH.

131

F 52663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 N Spring ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Napper

(a) RESIDENCE NO. 1232 N. Spring ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6 If married, widowed, or divorced (or) WIFE of: Andrew. Napper.

7 DATE OF BIRTH (month, day, and year): June 1860.

8 AGE: Years 78; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Practical Nurse.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Northumberland, Co. Va.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Mrs. Charles D. Brown

(Address): 4911 Crowson Ave

DEC 5 - 1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12.3. 1938

17

I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938, to Dec. 3, 1938.

that I last saw her alive on Dec. 2, 1938

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-Vascular renal disease

?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertension

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Jorgen J. Bluhm, M. D.

, 19 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 12-5 1938

UNDERTAKER: Mrs. R. C. E. Wiatt & Son

ADDRESS: 1129 Caroline St

HEALTH DEPARTMENT—CITY OF BALTIMORE

52664 30964-FS

CERTIFICATE OF DEATH

45-NF 52664

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Anulevich
If U. S. Veteran specify WAR

(a) Residence: No. 736 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-15-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	49	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Europe

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. Date 12/5 1938

UNDERTAKER John J. Fahey & Sons.
(Address) 1218 W. Lexington St. Balto, Md.

FILED 5-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-18 1938 to 12-1 1938

I last saw him alive on 12-1 1938 Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma lower lip with metastasis	1937
Post operative shock	12/1/38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12/1/38

For what disease or injury? Carcinoma lip.

Name of operation Resection mandible.

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. R. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 52665

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52665

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 1-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Smith

U. S. Veteran (Specify WAR)

(a) Residence: No. 2813 O'Donnell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 4-1938

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Garrett F. Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Mary Kurisch

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Garrett F. Smith Father

(Address) 2813 O'Donnell St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place J. J. Stanislaus. Date 12/6/38 19

19. UNDERTAKER Stephen J. Gerlach Inc.

(Address) 1001 S. Kenwood Ave.

20. FILED Huntington Pennsauken, N.J.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (saw the remains) (Inquest, Autopsy or Inquiry)

attended the said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

52666 Holley. ✓ 52666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Bennett Pl 18-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Holley

If U. S. Veteran specify WAR

(a) Residence: No. 938 Bennett Pl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Holley

DATE OF BIRTH (month, day, year) May 19 1901

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	6	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Nellie Holley

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Nellie Phillips

(Address) 938 Bennett Place

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 6, 38

UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

FILED 5-1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1938 to Dec 2 1938

I last saw him alive on Dec 2 1938 Death is said to have occurred on the date stated above at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 25 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

52667 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52667

CERTIFICATE OF DEATH

347-23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Menns (38954)

If U. S. Veteran specify WAR

(a) Residence: No. 1227 Wilmer Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 9, 1881/883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 57	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Addison Menns (D)

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ellen? (D)

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Dec 6, 1938

UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

FILED , 19 Registrar

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1938 to November 30, 1938

I last saw him alive on November 30, 1938 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June? 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

52668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52668

CERTIFICATE OF DEATH

93-C.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital (Lifetime) St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas J. Boylan

(a) Residence: No. 221 N. High St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 3 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Boylan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McCoy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Thos. O'Donnell

(Address) 2003 Boone St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 6 1938

19. UNDERTAKER Chas. H. Gray & Son Inc

(Address) 118 W. Mt. Royal Ave

20. FILED 12-5-1938 Huntington Filed Nov.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave

2669 HEALTH DEPARTMENT—CITY OF BALTIMORE 52669

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (Volunteers of America Hosp. Ward) E-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Shirley Webster

If U. S. Veteran specify WAR

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

13. NAME Harry Webster

14. BIRTHPLACE (city or town) (State or country) Baltimore md

15. MAIDEN NAME Margaret Roney

16. BIRTHPLACE (city or town) (State or country) Balto. md

17. INFORMANT mother

(Address) 2306 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SYSTEM DEC 5 - 1938 Date 16

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 12-5-1938 Huntington Funeral Home, Nyet

4464

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938 to Dec 4, 1938

I last saw her alive on Dec 4, 1938 Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	11/1/38
Other contributory causes of importance: Edema of upper arm	11/27/38

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward M. Kummel M. D.

(Address) 418 W. Lexington St

Vol. of America Hosp.

670

HEALTH DEPARTMENT—CITY OF BALTIMORE F 52670

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Br Decatur Hosp 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emily Jane Zepp

(a) Residence: No. 336 S Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	Wh.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Zepp

DATE OF BIRTH (month, day, year) Sept. 7 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jacob Rosenheimer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hahn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Zepp

(Address) 336 S. Bentalou

18. BURIAL, CREMATION OR REMOVAL

Place Westminster Date 12/6/31 19

19. UNDERTAKER Harry V. Watts

(Address) 1101 Belmont Ave

20. FILED 12/5/31 Huntington Pinkard, Nyp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Howard M. D.

(Address) 822 W Baltimore St Coroner

2671

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52671

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 Collins Ave. St. 20-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton F. Groff

If U. S. Veteran specify WAR .....

(a) Residence: No. 152 Collins Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen C. Groff (nee Patterson)

7. DATE OF BIRTH (month, day, year) Jan. 12, 1868.

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	22	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

11. Date deceased last worked at this occupation (month and year) .....

12. Total time (years) spent in this occupation .....

13. BIRTHPLACE (city or town) (State or country) Pa.

14. NAME Henry Groff

15. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Catherine Haag

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Allen C. Groff

(Address) 152 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 6/38 19...

19. UNDERTAKER Harry A. Whitsell

(Address) 401 Edmondson Ave.

20. FILED ... Registrar

Huntington Funeral Home

12-5-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938 to Dec 4, 1938

That saw him alive on Dec 4, 1938 Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic Nephritis
Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Bourne M. D.

(Address) Med. Arts. Bldg.

2672 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52672

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St. 16-6 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Eugene Thomas Grady

If U. S. Veteran specify WAR ...

(a) Residence: No. 901 Popular Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Sept 21-38

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Owen J Grady

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Ellen M Barlow

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sara Gahagan

(Address) 1803 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Cathedral Cem Date Dec 7, 1938

19. UNDERTAKER Edgar W Conkling & Son

(Address) 924 Eutaw St

FILED 6-1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-9-, 1938, to 12-3-, 1938

I last saw h... alive on 12-3, 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	9-15-38
Other contributory causes of importance: Uremia	con

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo A. Brouillet, M. D.

(Address) Bon Secours Hosp

F 52673 Geo. J. Schroen F 52673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 51-B

1. PLACE OF DEATH West Baltimore 16-6

CITY OF BALTIMORE: (No. General Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 6 mos. 4 months ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME George J. Schroen

If U. S. Veteran specify WAR .....

(a) Residence: No. 305 North Bucknell Ave. Catonsville Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes E. Schroen

6. DATE OF BIRTH (month, day, year) June 23, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Signs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paints Contractor

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER John Schroen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Rosa Dieters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary M. Rockenbach

(Address) 305 Buckingham Ave

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetery Date Dec 7 1938

19. UNDERTAKER Edgar W. Conkling Sons

(Address) 924 Edgar St Huntington, W. Va.

FILED ..... Registrar

6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1938 to 12/3, 1938

I last saw him alive on 12/3, 1938 Death is said to have occurred on the date stated above, at 10:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis, Left	6/3/38
Bronchopneumonia	11/24/38
Other contributory causes of importance: Carcinoma of bladder	11/37 ?
no	

Was an operation performed? ~~yes~~ Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Cystoscopy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Fred H. Bowen M. D.

(Address) West Baltimore General Hospital.

674

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52674

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Balto Fed Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unigunda Franz

If U. S. Veteran specify WAR

(a) Residence: No. 444 E. Fort Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Franz

DATE OF BIRTH (month, day, year) Nov 19 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME John Hindfelder

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret Brehm

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Margaret Franz (Daughter)

(Address) 444 E Fort Ave.

BURIAL, CREMATION, OR REMOVAL Holy Cross A.A. Date 12-9-1938

UNDERTAKER Bernard C. Harle

(Address) 121 E Med St

FILED DEC 6 - 1938 Huntington Veterans, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/3/38, 19 to 12/6/38, 19

I last saw her alive on 12/4/38, 19. Death is said to have occurred on the date stated above, at 5⁰⁵ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Pyelonephritis	

Other contributory causes of importance:

Hypertensive arteriosclerotic heart disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Lee, M. D.

(Address) St. Balto Fed Hosp.

52675

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52675

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1043 McDonough St.) 7-4 (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Bennett

If U. S. Veteran specify WAR

(a) Residence: No. 1043 McDonough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary Bennett

DATE OF BIRTH (month, day, year): May 30 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Marys Co Md

13. NAME Louis Bennett

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME Susan Smyth

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT Mrs Mary Bennett

(Address) 1043 McDonough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12-7 1938

19. UNDERTAKER Mrs N. G. Elliott-Slaught

(Address) 1129 N Caroline St

12-7 1938 Huntington Howard, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Sept 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Geo Allen M. D.

(Address) 20 Chase St Coroner

52676 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52676

CERTIFICATE OF DEATH ✓ X 35a-134-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Blake

If U. S. Veteran specify WAR

(a) Residence: No. Morris Lane & Cottage Ave Ward. Wendell, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed or divorced: WIFE of (or) HUSBAND of James Blake

DATE OF BIRTH (month, day, year) June 6 - 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	05	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 3037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER John Hunter

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Jessie Rowe

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs James Blake

(Address) Morris Lane & Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fredericksburg Va. 12-7 1938

19. UNDERTAKER Mrs R. G. E. Miller & Slaght

(Address) 1129 N. Caroline St

20. FILED 1938

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12-5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Viewed by me / Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Ruptured Tubal Varicose Cyst 12/ 1

Analysis of Ileus 1

Generalized Peritonitis. 1938

Other contributory causes of importance:

Was an operation performed? Yes Date 12-4-38

For what disease or injury? Ruptured Tubal Varicose Cyst

Name of operation Resection of Ileum Date of 12-4-38

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. L. Allen M. D.

(Address) 720 Cathedral St

577 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52677

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Barclay St. St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 68 yrs. ... mos. ... da.

2. FULL NAME Louise Botta

If U. S. Veteran specify WAR .....

(a) Residence: No. 1105 Barclay St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widowed

If ~~single~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) of Frederick M. Botta.

6. DATE OF BIRTH (month, day, year) March 19 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) France

13. NAME Vincent Vincent

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Zenaeda Vincent

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Robert Botta (Son)

(Address) 1105 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Dec. 7 1938

19. UNDERTAKER Frank Dellozzo & Son

(Address) 52 N. Mosley St.

20. FILED DEC 6 - 1938 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16 1938 to Aug. 31 1938

I last saw her alive on Aug 31 1938 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/3/38
Other contributory causes of importance: Hypertensive Cardio-Vascular disease.	uncertain

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. A. Pomponelli M. D.

(Address) Medical Arts Bldg

2678 F 52678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Harlem Ave St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lauren Hill Estep

If U. S. Veteran specify WAR .....

(a) Residence: No. 1109 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Herbert Estep

DATE OF BIRTH (month, day, year) Nov 26 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 11-30-38

11. Total time (years) spent in this occupation 17 yrs.

BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Ivan B. Archer

14. BIRTHPLACE (city or town) (State or country) New Orleans, Louisiana

15. MAIDEN NAME Sarah E. Gross.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Sarah E. Gross.

(Address) 1109 Harlem Ave.

BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Pk Date Dec 6th 1938

UNDERTAKER Archibald A Geddes

(Address) 2101 McCulloh St

FILED DEC 7 1938 Huntington Pittman Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-30-38 to 12-4 1938

I last saw her alive on 12-4 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Influenza	

Other contributory causes of importance:

Uremia — Hypostatic Pneumonia

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis E. Hagner, M. D.

(Address) 2340 Madison Ave.

52679 E 52679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Dundalk Ave St., 26-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Josephine (Josefa) Zamenski If U. S. Veteran specify WAR

(a) Residence: No. 1818 Dundalk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of (Michael)

DATE OF BIRTH (month, day, year): Mar 19, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Poland

13. NAME Joseph (Mutkowski)

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME Marcia Rutkowski

16. BIRTHPLACE (city or town) (State or country): Poland

Daughter INFORMANT Mrs Joseph Bromer.

(Address) 40 N Calhoun St Ave

BURIAL, CREMATION, OR REMOVAL

Holy Sepulchre Cemetery Date Dec 7, 1938

UNDERTAKER Hofman & Piatkowski Inc

(Address) 1090 N Rosewood Ave

FILED 19 Registrar.

6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938 19 to Dec 4 1938

I last saw h. alive on Dec 4 1938, p. Death is said to have occurred on the date stated above, at 9:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Bronchopneumonia	11-25-38

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Schminck M. D.

(Address) 842 S. Eaton Ave

F 52680

52680 HEALTH DEFARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 94-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fort Ave. & Lowman St. 23-12 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Walter Kirkwood

If U. S. Veteran specify WAR

(a) Residence: No. 1706 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 10, 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12/2/38

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Joseph Kirkwood

13. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Katherine Woodward

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

INFORMANT Mary Thomas

(Address) 55 E. Heath

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12/6/ 1938

UNDERTAKER Durward Covington

(Address) 21 W. 25 th St.

FILED 12/6/ 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3/ 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/3/38
Other contributory causes of importance: Arterio-Sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Angel. Littuna M. D.
Coroner

(Address) 1304 E. Monument St.

1938

2681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52681

CERTIFICATE OF DEATH

V 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1250 Hull St. 34-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Zofia Jelinski (Linski)

(a) Residence: No. 1250 Hull St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony Jelinski

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Adam Nikel

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Frances Lewicka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Elizabeth Gratowski

(Address) 1425 Reynolds St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 7 1938

19. UNDERTAKER John H. Weber

(Address) 401 S. Chester St

FILED ... 19 ... Registrar.

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938 to Dec. 4, 1938

I last saw her alive on Dec. 3, 1938 Death is said to have occurred on the date stated above, at 2.32 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Holland M. D.

(Address) 707 E. Fort Ave.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

52682

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 E. Dallas St., 3-1 Ward)

Length of residence in city or town where death occurred 60 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Elinore Lamke

(a) Residence: No. 520 E. Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Jacob Lamke

6. DATE OF BIRTH (month, day, year) 12/13/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	11	0 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home (60 37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Lamke - Son

(Address) 520 E. Dallas

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date 11/8, 19 38

19. UNDERTAKER Jos. F. Flaherty & Sons

(Address) 161 S Eastern Ave

FILED ....., 19.... Registrar.

6-1938 Huntington Reporter, 1/5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/8/38, 19..., to present, 1938

I last saw h... alive on 12/2/38, 19... Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized carcinomatosis	unknown

Other contributory causes of importance:

Was an operation performed? about 1 year ago Date of

For what disease or injury? Carcinoma of stomach

Name of operation exploratory laparotomy & Gastrectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Michael J. Wiesenthal M. D.

(Address) 526 S. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

26683 — 1 32683

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 4

CITY OF BALTIMORE: (No. ..... St., 10 - 2 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George William Bradford

If U. S. Veteran specify WAR WW

(a) Residence: No. 917 Herbert Court, Baltimore St., ... Ward. .....

(Usual place of abode) HUBBARD Bldg (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ronetta Colline

6. DATE OF BIRTH (month, day, year) March 10, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Marshall (State or country) Virginia

13. NAME OF FATHER George Bradford

14. BIRTHPLACE (city or town) ..... (State or country) South Carolina

15. MAIDEN NAME OF MOTHER Roberts ?

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL National Cem Date 12-6 1938

19. UNDERTAKER Thomas A Hennessy

(Address) 511 W Fayette St

20. FILED DEC 6 - 1938 Huntington Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3 1938

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1938, to December 3, 1938

I last saw him alive on December 3, 1938 Death is said to have occurred on the date stated above, at 12:25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, chronic, far advanced	Unknown
Hemorrhage, bronchopulmonary	12-3-38
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clin. What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. B. N. A. Clinic M. D.

(Address) U.S. Marine Hospital

14678 HEALTH DEPARTMENT—CITY OF BALTIMORE 52684

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 15-6 St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Johnson Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2018 Hilsland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Johnson

DATE OF BIRTH (month, day, year) 8/1/55

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Boiler Maker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

8. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas J. Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Md.

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address) Records -

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date December 7, 1938

19. UNDERTAKER W. J. Holmes and Sons
(Address) North and Fenno Aves.

20. FILED 12-7-1938 Attending Physician Not Viewed Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1938 to Dec 6, 1938

I last saw him alive on Dec 5, 1938. Death is said to have occurred on the date stated above, at 12 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right upper	11/30/38
Chronic myocarditis	1930
Pneumothorax left lung	11/30
Tuberculosis pulmonary	
Other contributory causes of importance:	
Benign prostatic hypertrophy	1928

Was an operation performed? Yes Date of 11/28/38

For what disease or injury? Benign prostatic hypertrophy

Name of operation Suprapubic prostatectomy

What test confirmed diagnosis? Radium Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Osmond P. Culp, M. D.

(Address) Johns Hopkins Hospital

52685 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52685

CERTIFICATE OF DEATH ✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joesphs Hospitals St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME NORA V. DISNEY BISHOP

If U. S. Veteran specify WAR - -

(a) Residence: No. 1828 East 28 th. Street St., 9 Ward. ----

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton G. Bishop

DATE OF BIRTH (month, day, year) June 15, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) - -

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Rock Hall Maryland

13. NAME Abraham Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Maude H. Maxwell

(Address) 515 East 28 th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Dec. 6/38

19. UNDERTAKER J. B. Stephenson Sons

(Address) 2300 Eastern Ave

FILED Dec 6 - 1938 By Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

deceased by said Inquest, find that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Ahrens M. D.

(Address) Coroner

52686

F 52686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-B

1. PLACE OF DEATH Bach City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Joseph Kennedy

If U. S. Veteran specify WAR

(a) Residence: No. 96 Ridgetop Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 7-874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Richard Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Richard Kennamore

(Address) 2200 Mosby Road

BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date Dec. 7-38

UNDERTAKER F. O. Tibbett & Son

(Address) 1300 EUTAW PLACE. C

FILED Dec 8 1938 Herrington Fitzgerald M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene and Obstruction of Intestines	5 days

Other contributory causes of importance: Intestinal Obstruction

Was an operation performed? Yes Date of Dec. 3, 1938

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy Date of Dec. 3, 1938

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

2687 F 52687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon. Secours Hop St. 20-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adel Goldschneider

If U. S. Veteran specify WAR

(a) Residence: No. 2232 W Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Heinrich Laib

DATE OF BIRTH (month, day, year) 1872

6. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Austria

12. NAME Jacob Moses

13. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Rosa Mobler

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Esther Goldschneider

(Address) 2232 W Baltimore St

BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Park Date Dec 6. 1938

UNDERTAKER H. C. Harrison & Bros

(Address) 1124-26 W. North ave.

FILED 6-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Dec 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Hanna M. D.

(Address) 1822 W Baltimore St

F 52688

HEALTH DEPARTMENT—CITY OF BALTIMORE #38117 SF

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Williams

(a) Residence: No. 432 N. Carrollton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/17/38

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
month	0	1	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Coals

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Edith Williams

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, ~~OR REMOVAL~~

Place Balt. City Hosp Date 12-5- 1938

UNDERTAKER

(Address)

FILED 12-5 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12/1/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/17/38 to 12/1 1938

I last saw h.i.m alive on 12/1, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Entero-colitis	10/28/38
Broncho-pneumonia	10/27/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C & A B Was there an autopsy? Y E S.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Conde, M. D.

(Address) Baltimore City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52689

CERTIFICATE OF DEATH

47-a F 52689

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ferdinand J Wich

(a) Residence: No. 1611 W Saratoga St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L Wich

DATE OF BIRTH (month, day, year) Oct 7, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News-Post

10. Date deceased last worked at this occupation (month and year) Oct 14, 38

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Georg Wich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Friederika Mary Wilber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ferdinand J. Wich

(Address) 1611 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 7 1938

19. UNDERTAKER Chas. Mrs John N. Teufel & Son

(Address) 801 W. Fayette St

Huntington Terminal, Pier

6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	3 yrs
c Metastasis	1 "
	"
	"

Other contributory causes of importance: Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Smith M. D.

(Address) 1331 E. Lombard

390 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52690

CERTIFICATE OF DEATH

1. PLACE OF DEATH Interment to 6727 Graceland Ave. 167 Registered No.
CITY OF BALTIMORE: (No. 6727 Graceland Ave St. 26-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran (specify WAR)

2. FULL NAME Christos Vasiliades

(a) Residence: No. 41 Macon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store
10. Date deceased last worked at this occupation (month and year) 2 Months past
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Turkey
13. NAME OF FATHER Vasiliades
14. BIRTHPLACE (city or town) (State or country) Turkey
15. MAIDEN NAME OF MOTHER Unknown
16. BIRTHPLACE (city or town) (State or country) Turkey
INFORMANT Ernest Vasiliades
(Address) 2727 Graceland Ave
17. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Dec. 7, 1938
18. UNDERTAKER J. Francis Reese
(Address) Westminster Md.
Huntington Williamsport, Md.
FILED DEC 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence detailed by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot Wound and Hemorrhage of Head	Dec. 4-1938
Other contributory causes of importance: Melancholia Acute	2 Months

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury, Dec. 4, 1938
Where did injury occur? 6727 Graceland Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Lot adjoining 6727 Graceland Ave.
Manner of injury Shot himself
Nature of injury Gun shot Wound Head

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. W. Wood M. D.
Coroner
(Address) 1712 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52691 F 52691

CERTIFICATE OF DEATH CGK--32607

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 51-C Ward) 40

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William Lewis

(a) Residence: No. 1557 Leslie St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

DATE OF BIRTH (month, day, year) 10-3-1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	73	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va.
(State or country)

13. NAME John

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Alice Harris

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 6 - 1938 19
Commissioner of Health

19. UNDERTAKER .....
(Address) Per H. A. Moore

19. FILED DEC 6 - 1938 Huntington Williamson, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 2 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 4 - 18 . 1938 to 12 - 2 . 1938

I last saw h[illegible] alive on 12 - 1 . 1938 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma prostate with metastasis ?	
Bronchial pneumonia	4 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify .....

(Signed) Littleton Dodd Jr M. D.

(Address) Balto City Hosp

4465

HEALTH DEPARTMENT—CITY OF BALTIMORE

52692

CERTIFICATE OF DEATH

159 F 52692

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Baby Boy Miller

If U. S. Veteran specify WAR

(a) Residence: No. 719 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) December 1, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Infant Norman

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Estelle Miller

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 6 - 1938 19

UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

DEC 6 - 1938 Huntington Williams Registrar

4466

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1938 to December 2, 1938

I last saw him alive on December 2, 1938. Death is said to have occurred on the date stated above, at 11:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/1/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M. George Jr. M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52693

CERTIFICATE OF DEATH

107-aF 52693

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Girl Livers

If U. S. Veteran specify WAR

(a) Residence: No. 1315 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 14th 1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1/15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

13. NAME Moses Davenport

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Connie Rodgers

16. BIRTHPLACE (city or town) Va.
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 6 - 1938

UNDERTAKER Commissioner of Health

(Address) Per H. A. Klein.

FILED DEC 6 - 1938 Huntingtown Prince Georges, Md.
Registrar.

4167

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1938, to Dec. 3rd, 1938.

I last saw he alive on Dec. 3rd, 1938. Death is said to have occurred on the date stated above, at 4.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Bronchopneumonia	

Other contributory causes of importance:

Malnutrition
Dehydration

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilson J. Wells, M. D.

(Address) University Hospital

694

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52694

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Homewood Apts St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew F. Shaner

If U. S. Veteran specify WAR

(a) Residence: No. Homewood Chas 231 eta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Fanny Hulse

6. DATE OF BIRTH (month, day, year) May 4, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trees Sale Report Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Christian Shaner

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Schroeder

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry W. Shaner (Address) Homewood Apts

18. BURIAL, CREMATION, OR REMOVAL Place Stone Chapel Date Dec 8 1938

19. UNDERTAKER John Mitchell Sons (Address) 1900 Eutaw Place

Huntington Woodlawn, Md.
Registrar

FILED DEC 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1938, to Dec. 6, 1938.

I last saw him alive on Dec. 5, 1938. Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	1935?
Arteriosclerosis, Cerebral, severe.	1937
Other contributory causes of importance: Pulmonary Edema, terminal	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Prof. F. B. Wright, M. D.

(Address) Medical Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52695

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F Simms

If U. S. Veteran specify WAR

(a) Residence: No. Mt Airy (Usual place of abode) Paris St., Ward. Ky (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillie Weir

6. DATE OF BIRTH (month, day, year) 3-5-71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

13. NAME OF FATHER Wm E Simms

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME OF MOTHER Lucy Blyth

16. BIRTHPLACE (city or town) (State or country) Ky

JOHNS HOPKINS HOSPITAL

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Paris Ky. Date Dec 7. 1938

19. UNDERTAKER John A Mitchell Sons

(Address) 408 Eastern Place

20. FILED ..... 19.. Huntington W Va Registrar

DEC 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938, to Dec 6, 1938

I last saw him alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at 6.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia, myelocytic	2 8
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Aut Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place,

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52696

CERTIFICATE OF DEATH

93-C F 52696

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Riverside Ave. St. 24-3 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Mary E. Thomas

(a) Residence: No. 1112 Riverside Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Thomas

DATE OF BIRTH (month, day, year): Aug. 13, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): NotKnown

INFORMANT: Mrs. Mary Gerstad

(Address): 1112 Riverside Ave.,

BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Dec. 8, 1938

UNDERTAKER: C. Howard Strong

(Address): 815 Light St.,

FEB 6-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Dec. 5, 1938

I last saw her alive on Dec. 4, 1938. Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mal Cirrhosis of Liver	1936
Senile Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Randall M. D.

(Address) 1 E. Randall Ave.

F 52697

52697 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Baby Boy Smith

(a) Residence: No. 2102 Eagle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11-16-38

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		20 hrs	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) St Joseph Hospital Balto Md

10. NAME Frederick A Smith

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. MAIDEN NAME Mary Krauss

13. BIRTHPLACE (city or town) (State or country) Balto Md.

14. INFORMANT Frederick A Smith

(Address) 2102 Eagle St

15. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 7 19 38

16. UNDERTAKER Geo L Schnepf

(Address) 2101 Edmondson Ave

17. FILED 19

Registrar.

DEC 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 5 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1938, to 12-5, 1938.

I last saw h[illegible] alive on 12-5, 1938. Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Prematurity	
Other contributory causes of importance:	
Aspiration of amniotic fluid	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. R. Tennant M. D.

(Address) St. Joseph Hosp.

52698 F 52698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 So. Carlton St. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary F. Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 6 South Carlton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Williams

6. DATE OF BIRTH (month, day, year) Jan 22, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER William Odem

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

15. MAIDEN NAME OF MOTHER Ida Cork

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Ida Pembleton
(Address) 6 So. Carlton St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec. 7, 1938

18. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Broadway St.

19. FILED Dec 7 1938 Huntington Hallowell, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10 1938 to Dec. 4 1938

I last saw h.. alive on Dec. 3 1938 Death is said to have occurred on the date stated above, at 7:03 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast Terminal.	1 yr.

Other contributory causes of importance:

Hypertension	6 Mo

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) E. Walter Shemington M. D.

(Address) 201 N Carey St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52699 CERTIFICATE OF DEATH OGK--29130 F 52699

Registered No. 9558

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

48

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR

2. FULL NAME Hammond Black

(a) Residence: No. 910 Harlem Ave. St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-19-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John Black

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME June Clark

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cem. Date DEC 9 - 1938

19. UNDERTAKER Geo W. Little
(Address)

20. DATE DEC 6 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1937 to December 6, 1938

I last saw him alive on December 6, 1938. Death is said to have occurred on the date stated above, at 12:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-3-38
Other contributory causes of importance: Rheumatic heart disease Chronic	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52700

CERTIFICATE OF DEATH

49-B F 52700

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Edgewood St. 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Warkmeister,

If U. S. Veteran specify WAR

(a) Residence: No. 411 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Warkmeister,

DATE OF BIRTH (month, day, year) August 5. 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Deems,

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

15. MAIDEN NAME ? Alberts,

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

INFORMANT Louis Warkmeister,

(Address) 411 Edgewood St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date DEC 7 - 1938 19

UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED DEC 6 - 1938 Huntington Avenue Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 4 - 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 2/38 19 to Dec 4 1938 19

I last saw her alive on Dec 4 1938 Death is said to have occurred on the date stated above, at 11 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Vulva - C	
Metastasis to inguinal glands and pelvis.	5 mo
Secondary anaemia.	
Other contributory causes of importance:	
cardiac asthma	1 da.

Was an operation performed? Yes Date of Aug 4 1938

For what disease or injury?

Name of operation Incision & drainage of abscess

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. R. Townsend M. D.

(Address) 806 N Fulton Ave

2701

HEALTH DEPARTMENT—CITY OF BALTIMORE 52701

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5602 Fair Oaks St. Cor. 94-b Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Edward H Wick

(a) Residence: No. 5602 Fair oaks Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Wick

DATE OF BIRTH (month, day, year) April 20 - 1878

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 86
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Cutter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Minnie Wick
(Address) 5602 Fair Oaks

BURIAL, CREMATION, OR REMOVAL
Place Morland Date 12-8-38

UNDERTAKER Leonard J Pruf
(Address) 6305 Harford Rd

FILED
12-8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to 12/5/38 1938
I last saw h[illegible] alive on 12/5/38 1938 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyman W. Foltz M. D.

(Address) 1503 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

52702

CERTIFICATE OF DEATH

93-F 52702

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2017 E. 32nd St., 9-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Dittrich Burns,

If U. S. Veteran specify WAR

(a) Residence: No. 2017 E. 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. W. Clyde Burns,

6. DATE OF BIRTH (month, day, year) November 28. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	-	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frank J. Dittrich,

14. BIRTHPLACE (city or town) (State or country) Prushia

15. MAIDEN NAME Katherine Weller,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Cornelia B. Hildreth,

(Address) 2017 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL. DEC 9 - 1938

Place Loudon Park Date 19

19. UNDERTAKER Robert S Little

(Address) 2700 Edmondson Ave.

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 6 - 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935 to Dec 6, 1938

I last saw her alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at 9.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Other contributory causes of importance: Acute Dilatation	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Dale Parker, M. D.

(Address) 1114 Hartford Ave

6-1938

Huntington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52703

703

CERTIFICATE OF DEATH

CGK--28820-a

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. Baltimore City Hospital St. 10-1 Ward) 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Leonard Larsh

If U. S. Veteran specify WAR 6 Regt

(a) Residence: No. 1013 E. Preston St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda

ATE OF BIRTH (month, day, year) 4-8-1863

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	75	7	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Lathes

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Iowa

13. NAME Lewis (D)

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary (D)

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Dec 8 1938

UNDERTAKER Wm Cook

(Address) 1217 E. Pres. St.

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1937 to December 6, 1938

I last saw him alive on December 6, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-2-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santyla M. D.

(Address) Baltimore City Hospitals

DKH

2704 F 52704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2623 Guilford St. 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas Elyles Markland
If U. S. Veteran specify WAR No Record

(a) Residence: No. 2623 Guilford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Grace C.

DATE OF BIRTH (month, day, year) Jan 31 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fuggdair Co
10. Date deceased last worked at this occupation (month and year) X | Years spent in this occupation 36

BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Chas E Markland

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ellen Bennett

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Chas. C. Markland
(Address) Rockville Md.

BURIAL, CREMATION, OR REMOVAL
Place Boring Cem. Balto Co. Md. Date Dec 7th 1938

UNDERTAKER Wm Cook
(Address) 217 E. Pratt St
Huntington Park Md, Nov 11th

FILED Registrar

12-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Myocarditis	
b.	
c.	
d.	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Crane M. D.
Coroner
(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 52705

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2068 Linden ave St.) Ward 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR No Record

2. FULL NAME Donald V Forbes
(a) Residence: No. 2068 Linden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced, WIFE of Ruth

DATE OF BIRTH (month, day, year) March 15-1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. David Kerr & Co
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 35
12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Geo D Forbes
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Geneva Myers
16. BIRTHPLACE (city or town) (State or country) Balt md
17. INFORMANT Ruth V. Forbes
(Address) 2068 Linden Ave
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 8th 1938
19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St
20. FILED Dec 8 1938 Huntington Perkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/5/38
Other contributory causes of importance: Arteriosclerotic Syphilitis	

Was an operation performed? Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edna H Evans, M. D.
Coroner
(Address) Coroner

H. D. B. 1268-9

2706 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E52706

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 834 N. 32nd St. 12-6 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Miller

No War Record

(a) Residence: No. 834 N. 32nd St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Katherine Miller

DATE OF BIRTH (month, day, year) March 13, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barbering

10. Date deceased last worked at this occupation (month and year) Nov. 21, 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Sarah Katherine Miller

(Address) 834 W. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 7th 1934

19. UNDERTAKER Wm Gott

(Address) 127 St Paul St

20. FILED ....., 19.....

(Registrar) (Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1934 to December 5, 1934

I last saw him alive on Dec. 5, 1934 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	Nov. 24, 1934
Cardiac Failure	Dec. 4, 1934

Other contributory causes of importance:

Chronic Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) 2431 W. North Ave.

707 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52707

CERTIFICATE OF DEATH

√ 95-B

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 4203 Euclid Av 22nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert W. Butler

If U. S. Veteran specify WAR or No Record

(a) Residence: No. 4203 Euclid Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lillie M. Butler

6. DATE OF BIRTH (month, day, year) Sept 15th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	17	16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meats

10. Date deceased last worked at this occupation (month and year) Nov 1938 | 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Winfield Md.

13. NAME OF FATHER John R. Butler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Malvinia Buckingham

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Russell Butler

(Address) 4203 Euclid Av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 7th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ....., 19.... ..... Registrar.

DEC 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1 1938 to December 4 1938

I last saw him alive on December 4 1938 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	Unknown
Asthma Bronchial	1934
Pneumonia Bronchial	Dec 3 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

2708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 8-3 Ward)

Length of residence in city or town where death occurred 62yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran (Specify WAR or PEACE) No Record

2. FULL NAME Margaret Kress

(a) Residence: No. 2829 E. Biddle Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (Of) HUSBAND (or) WIFE of John Kress

7. DATE OF BIRTH (month, day, year) 1-17-76

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	16	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Moenius

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 7th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Dec 7-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3- 38

22. I HEREBY CERTIFY, That I attended deceased from 12-1-38, 19 to 12-3-38, 19

I last saw her alive on 12-3-38, 19 Death is said to have occurred on the date stated above, at 8:30P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (Heart block)	Prior to 12-1-38
Other contributory causes of importance: Chronic nephritis Arteriosclerosis	Prior to 12-1-38

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical and Laboratory

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Schmidt M.D.

(Address) Baltimore City Hospitals

Lazich

52709 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52709

CERTIFICATE OF DEATH

107-a

Registered No. 19-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 531 S. Monroe St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Lazick

(a) Residence: No. 531 S. Monroe St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Oct. 7 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	1	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Baltimore, Md

12. NAME: Sachur Lazick

13. BIRTHPLACE (city or town) (State or country): Russian

14. MAIDEN NAME: Barbara Yaschuk

15. BIRTHPLACE (city or town) (State or country): Russian

16. INFORMANT: Wm. M. Lazick

(Address) 531 S. Monroe St

17. BURIAL, CREMATION, OR REMOVAL

Place: Holy Trinity Russian A. A. Co. Date: Dec 7 1938

18. UNDERTAKER: Joseph J. Grabiancka Jr

(Address) 423 S. Paca St.

19. FILED ... 19...

Registrar.

DEC 7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938, to Dec 5, 1938

I last saw he alive on Dec. 5, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia	2 wks
	9 yrs
Other contributory causes of importance:	
Acute cardiac dilatation	1 day
	9 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Clinical finding Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave

F 52710

2710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Chestnut Ave 13-6 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Magdelena Reese

(a) Residence: No. 3302 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Noah E. Reese.

DATE OF BIRTH (month, day, year) Oct 26, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	1	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Germany.

10. NAME John P. Smith

11. BIRTHPLACE (city or town) (State or country) Germany.

12. MAIDEN NAME Clara C.

13. BIRTHPLACE (city or town) (State or country) Germany.

14. INFORMANT Charles P. Reese.

(Address) 3302 Chestnut Ave.

15. BURIAL, CREMATION, OR REMOVAL Leakey Chapel, Balto Co. Date Dec 9, 1938

16. UNDERTAKER Rehmoor & Son

(Address) 36 (5) Charles Ave

Dec 1938 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Dec 6, 1938

I last saw her alive on Dec 6, 1938 Death is said to have occurred on the date stated above, at 6:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal-Vascular Disease	1937
Other contributory causes of importance: Myocardial Insufficiency	12-5-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J N Nelson M. D.

(Address) 617 W 40th St

2711 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52711

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

gth of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George Green (38647) If U. S. Veteran specify WAR .....

(a) Residence: No. 1226 N. Stricker St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

ATE OF BIRTH (month, day, year) June 5, 1909

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	6		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Int. Auburn Cem. Date 12/8 1938

UNDERTAKER T. E. Kelson
(Address) 1303 Christman St

FILED ..... 19..... Registrar.

12-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1938 to December 5, 1938

I last saw him alive on December 5, 1938. Death is said to have occurred on the date stated above, at 6:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Aug ? 1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

F 52712

712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St. 21-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.... mos. 4 ds. How long in U. S. If of foreign birth?...yrs....mos....ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl LeBon

(a) Residence: No. 1031 W. Baltimore St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12-4-38

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Frederick Le Bon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Grace Wartman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT (Address) Frederick Le Bon 1031 W Baltimore St.

BURIAL, CREMATION, OR REMOVAL Place St. Paul Cemetery Date 12/7/38

UNDERTAKER (Address) John Kennedy 2245 Druid Hill Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1938 to Dec. 7, 1938

I last saw he alive on Dec 7, 1938 Death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Pneumonia (Congenital)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Sinai, M. D.

(Address) Sinai Hospital

7-1938

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52713

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 North Ellwood Avenue St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virlie L. Ilgenfritz

If U. S. Veteran specify WAR

(a) Residence: No. 108 North Ellwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jackson Ilgenfritz

DATE OF BIRTH (month, day, year) 2/8/1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Virginia
(State or country)

13. NAME Geo. W. Gray

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Judith E. Wright

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Mrs. Bettie Brooks
(Address) Upper Zion, Virginia

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 7 1938

UNDERTAKER John Ullrich
(Address) 200 E Orleans St

FILED DEC 7 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1938 to December 4, 1938

I last saw h-- alive on December 4, 1938. Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Chronic Myocarditis	Unknown
Coronary Disease	3 years
Other contributory causes of importance:	
Acute Cardiac Failure	6 hours

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Linn Artigan M. D.

(Address) 2942 E. Fayette Street

52714

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52714

CERTIFICATE OF DEATH

48

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1608 Lorman St., 15-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary E. Taylor

(a) Residence: No. 1608 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of William Taylor

6. DATE OF BIRTH (month, day, year) Dec 28th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaufort N.C.

13. NAME Robert H. Meade

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Mary Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Annie E. Elliott

(Address) 1608 Lorman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 12-7 1938

19. UNDERTAKER Bryon & Craig W. Knight

(Address) 1218 Mc Cullough St

FILED 12-7 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938 to Dec 5 1938

I last saw h alive on Dec 4 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset Nov 15 1938

(a) Acute Myocarditis

Other contributory causes of importance Arteriosclerosis (Interstitial) 4/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Taylor M. D.

(Address)

2715 HEALTH DEPARTMENT—CITY OF BALTIMORE 52715

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 E. Madison St. 10-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1214 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	cd	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas H. Smith

6. DATE OF BIRTH (month, day, year) 1-2-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Banks

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hester Slocum

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Hyderlott
(Address) 1214 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/8 1938

19. UNDERTAKER Joseph Lucas Jr
(Address) 1307 N. Gilmor Ave

FILED 19.....
Registrar.

12-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-11 1938 to 12-5 1938

I last saw her alive on 12-4 1938 Death is said to have occurred on the date stated above, at 3.30 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	Approx. May 38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1500 E. Madison St

16 HEALTH DEPARTMENT—CITY OF BALTIMORE B 52716

CERTIFICATE OF DEATH 59

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3529 E. Baltimore St., 26-8 Ward)

gth of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no

FULL NAME Frederick E. L. Wachsmuth

(a) Residence: No. 3529 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Divorced

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Wachsmuth

ATE OF BIRTH (month, day, year) Dec. 8, 1876

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceries
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland.

13. NAME Henry E. Wachsmuth

14. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

15. MAIDEN NAME Theresa Markel,

16. BIRTHPLACE (city or town) (State or country) Ashland, Balto. Co., Md.

NFORMANT Mrs. Minnie Schine,
(Address) 26 N. Kresson St.

URIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Dec 8 1938

NDERTAKER George W. Zibler
(Address) 1757 E. Eager Street.

ILED 19 Huntington Register.
DEC 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1938 to Dec 4th 1938.
I last saw him alive on Dec 4 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 da
Acute Pulmonary Edema	5 days
Endarteritis Obliterans	2 mos
& Ulcerated Leg	
Other contributory causes of importance	abt

Was an operation performed? no Date of
For what disease or injury? Ulcer followed Obliterans
Name of operation none
What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

I. V. Clift M. D.
(Signed)
(Address) 1011 N. Charles St

52717 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52717

CERTIFICATE OF DEATH ✓ 131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 635 W. Lee St. 22-2 Ward)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jenny Ross
If U. S. Veteran specify WAR
(a) Residence: No. 635 W. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Ross

6. DATE OF BIRTH (month, day, year) July 4, 888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4 5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Jennie Irene Bailey
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Gertrude Harris
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Raphael Ross
(Address) 635 W. Lee St

18. BURIAL, CREMATION, OR REMOVAL
Place Antietam Mem. Date 12/7/38
19. UNDERTAKER Isaac L. Brown & Son
(Address) 101 W. Monument St
Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9 1938 to Dec 3 1938
I last saw her alive on Dec 2 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Dec 1
Chr. Cardio-Renal Disease	June 1938
Other contributory causes of importance: Nil	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Phil G. Davis M. D.
(Address) 615 S. Paca St

2718

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52718

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Mercy Hospital

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Saunders

If U. S. Veteran specify WAR

(a) Residence: No. Bonnie Road St., Ward. Laurel Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Saunders

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lucy Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Address Bonnie Road Laurel Md

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Grove Date 12 1 10 1938

19. UNDERTAKER Ridgely Selby
(Address) Laurel Md.

20. FILED 12-7-1938 H. Hunter Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1938, to December 6, 1938

I last saw him alive on December 6, 1938. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	12-6-38
Arteriosclerotic Cardiovascular Disease	

Other contributory causes of importance: Urinary Retention, Benign Prostatic Hypertrophy, Bilateral Obstructive Carcinoma of Transverse Colon?

Was an operation performed? Yes Date of Nov 12 1938

For what disease or injury? Intestinal Obstruction

Name of operation Colostomy

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Lewis, M. D.

(Address) Mercy Hospital

2719 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52719

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N Fulton Ave St. 16-3 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Louise Gertrude Story

(a) Residence: No. 1023 N Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of George C. Story

DATE OF BIRTH (month, day, year) Jan 14 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	8 22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

8. Date deceased last worked at this occupation (month and year) Dec 1905

11. Total time (years) spent in this occupation Life

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME William Lutz

11. BIRTHPLACE (city or town) (State or country) Pennsylvania

12. MAIDEN NAME Mathiesen

13. BIRTHPLACE (city or town) (State or country) ?

14. INFORMANT Mrs Howard Spivey

(Address) 1923 N Fulton Ave

15. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Co Date Dec. 8 1938

16. UNDERTAKER Francis Cook & Syfer

(Address) 1600 W. North Ave

17. FILED Dec 7 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6- 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1923 to Dec 6 1938

I last saw her alive on Dec 6 1938. Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary disease	12/6/38
Other contributory causes of importance: Arteriosclerosis	1923

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. B. Linthicum M. D.

(Address) 1701 Eutaw Place

93-227

HEALTH DEPARTMENT—CITY OF BALTIMORE 52720

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-1 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Elias Rubeling

(a) Residence: No. 3105 Fait Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Anna M. Rubeling

6. DATE OF BIRTH (month, day, year) Oct. 14, 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. East Ave & Fait Ave.

9. Date deceased last worked at this occupation (month and year) Aug. 1938

11. Total time (years) spent in this occupation 40 yrs

10. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

12. NAME John Rubeling

13. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Germany

JOHNS HOPKINS HOSPITAL

INFORMANT (Address) Beuas -

BURIAL, CREMATION, OR REMOVAL Place Carmel Cem. Date Dec. 8. 1938

HENRY SANDER & SONS, INC. Leg F. Sander

UNDERTAKER (Address) Baltimore & Broadway.

FILED 19 Registrar

DEC 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1938 to Dec. 5, 1938

I last saw him alive on Dec. 5, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular (bronchial) pneumonia	Dec. 1
Cerebral and coronary sclerosis	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herman M. Fox M. D.

(Address) Johns Hopkins Hospital

2721 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52721

CERTIFICATE OF DEATH

93-c

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 E. Chase St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mollie Gobrecht.

(a) Residence: No. 601 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced HUSBAND of (or) WIFE of Richard. Gobrecht

DATE OF BIRTH (month, day, year) Dec 29 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10 11	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 6097

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME OF FATHER John P Stayler.

11. BIRTHPLACE (city or town) (State or country) ?

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE (city or town) (State or country) Not known

14. INFORMANT Nelson Gobrecht.

(Address) 2743 Harlem Ave

15. BURIAL, CREMATION, OR REMOVAL Oakwood. Date Dec 10th 1938

16. UNDERTAKER Bernard E. Harker

(Address) 121 E. West St

17. FILED Dec 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1938 to Dec 6 1938

I last saw h[illegible] alive on Dec 6 1938 Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 mos
Other contributory causes of importance: Chronic Cholecystitis	3 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Whelsto M. D.

(Address) 1229 Milliam N

52722 F 52722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a o c

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Joseph Jones

(a) Residence: No. 830 Potomac St., Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Estinda Jones

DATE OF BIRTH (month, day, year) Sept 14-1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rag Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rags

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME William H. Jones

13. BIRTHPLACE (city or town) (State or country) ?

14. MAIDEN NAME Virginia Waters

15. BIRTHPLACE (city or town) (State or country) ?

INFORMANT James Hampton

(Address) 828 Potomac St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 9, 1938

UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED Dec 7 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	time
Arterio Sclerosis }	time
Hypertension }	time
Other contributory causes of importance:	
Chronic Nephritis-Sclerosis general	time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

7-1938

52723 HEALTH DEPARTMENT—CITY OF BALTIMORE 52723

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 W. Saratoga St., 18-1 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Douglass

(a) Residence: No. 932 W. Saratoga St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Douglass

6. DATE OF BIRTH (month, day, year) 7-12-1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Blanche Johnson

(Address) 932 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 9, 1938

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. DATE RECEIVED Dec 7 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-4-1938, to 12-4-1938

I last saw her alive on 12-4-1938. Death is said to have occurred on the date stated above, at 1055 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Renal Disease	Unknown
	2 mos

Other contributory causes of importance:

Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Cargill M. D.

(Address) 611 N. Carolina St.

21

HEALTH DEPARTMENT—CITY OF BALTIMORE

52724

CERTIFICATE OF DEATH

95 B 53237 JS

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME John Sindell

(a) Residence: No. 3038 Boston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie

6. DATE OF BIRTH (month, day, year): 1-28-1861 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

13. NAME: Samuel

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Susan ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Cem. Date: Dec 7, 1938

19. UNDERTAKER: L. Sander Son Inc
(Address): 1 E. Pleasant St.

20. FILED: DEC 7 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 6. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to December 6, 1938

I last saw him alive on December 6, 1938. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease Unknown	
Other contributory causes of importance: Cerebral Hemorrhage Unknown	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. DeSantelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

52725 B-112

CERTIFICATE OF DEATH

CCK--59523 F 52725

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Alfred Shields

(a) Residence: No. 201 W. Hoffman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace

DATE OF BIRTH (month, day, year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Va.

NAME: Unknown

BIRTHPLACE (city or town) (State or country): Unknown

MAIDEN NAME: Unknown

BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Holgate Mem. Park Date 7 Dec. 1938

UNDERTAKER: Adolphus Halstead
(Address) 911 Druid Hill Ave.

FILED 12-7-1938 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) December 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1938 to December 2, 1938

I last saw him alive on December 2, 1938. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	Nov. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52726 108 F 52726

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 N. Dallas Street St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Thomas Edward Cox Sr.

(a) Residence: No. 1824 N. Dallas Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa Hufnagle

DATE OF BIRTH (month, day, year) November 14, 1881

AGE Years	Months	Days	If LESS than 1 day, hours or min.
58		21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machenist

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10. NAME Bernard Cox

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Andrew Cox (Son)
(Address) 1728 Montpellier Street

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. 12/8/38 19

UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

FILED 19 Registrar.

DEC 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1938 to Dec 5 1938

I last saw him alive on Dec 5 1938 Death is said to have occurred on the date stated above, at 4 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Other contributory causes of importance: Hypostatic	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. H. Bayley M. D.

(Address) 812 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

52727

CERTIFICATE OF DEATH

131 F 52727

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1624 E. 31st Street St., 9-6 Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Ann Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 1624 E. 31 st. Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Frank P. Coleman

6. DATE OF BIRTH (month, day, year) May 6th, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
76	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Henry Weber

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Lillian Lawrence (Daughter)
(Address) 1624 E. 31st. Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec. 8th, 1938

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

DEC 7 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1938 to Dec 5 1938

I last saw her alive on Dec 5 1938. Death is said to have occurred on the date stated above, at 3.30 P. M.

The principal cause of death and related causes of importance were as follows:

Bright's Disease — Date of onset Nov

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. Paxmed M. D.

(Address) 724 E. Pleasant St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52728

CERTIFICATE OF DEATH

159 F 52728

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Boley Bry McKelvey

(a) Residence: No. none St., ... Ward. Aberdeen, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 6, 1838

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Butler. Md
(State or country)

2. NAME John Schollein

3. BIRTHPLACE (city or town) Glen Arm Md.
(State or country)

4. MAIDEN NAME Marian McKelvey

5. BIRTHPLACE (city or town) Glen Arm Md.
(State or country)

INFORMANT Walter Glen Arm, Md
(Address)

BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date DEC 7 - 1938
Commissioner of Health

UNDERTAKER
(Address)
Date DEC 7 - 1938 Per H. A. Moore
Huntington, Md.
Registrar

4469

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1938, to Dec 7, 1938

I last saw him alive on Dec 7, 1938 Death is said to have occurred on the date stated above, 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis of left lung	12/4/38
Other contributory causes of importance: Prematurity (8 mo)	12/6/38

Was an operation performed? NO. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Conrad M. Kemmpel M. D.

(Address) 1101 N. Broadway

Md. St. Memorial Hosp

Ida Jeff ✓ B 52729

29 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH #62 School 1654 Dwl
CITY OF BALTIMORE: (No.) Smallwood & Wallbrook (Street)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth 39 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ida Jeff

(a) Residence: No. 2128 N. Smallwood St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael

DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT David Jeff Son
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 12/7/38

UNDERTAKER Jack Lewis Inc
(Address) 1432 E. Fairmount Ave
Huntingdon 1000

FILED Registrar.

DEC 7-1938 Dke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/38, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said and that said deceased came to death on the day stated above. 8-9 Prev

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Cvd, Cardiac Exhaustion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hann, Coroner M. D.

(Address) 12 E Hamilton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

52730

CERTIFICATE OF DEATH

108 F 52730

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Catherine V Martin

(a) Residence: No. Arcadia, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 11-1924

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	3	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student at H

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Maryland

10. NAME OF FATHER Rex Martin

11. BIRTHPLACE (city or town) (State or country) Maryland

12. MAIDEN NAME OF MOTHER Alice V Asbury

13. BIRTHPLACE (city or town) (State or country) Maryland

14. INFORMANT Mr Isaac M Asbury
(Address) Mt Carmel Md

15. BURIAL, CREMATION, OR REMOVAL Mt Carmel, Md. Date 12/9 1938

16. UNDERTAKER Edw C Tipton
(Address) Hampstead Md

DEC 7 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1938, to Dec. 7, 1938

I last saw him alive on Dec. 7, 1938. Death is said to have occurred on the date stated above, at 4 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11/15/38
Empyema	11/25/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/1/38

For what disease or injury? Empyema

Name of operation Thoracotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Knight M. D.

(Address) St. Joseph's Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

52731

CERTIFICATE OF DEATH

108 F 52731

Registered No.

PLACE OF DEATH President Hospital St. 1561 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Life

th of residence in city or town where death occurred mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Eugene Thomas If U. S. Veteran specify WAR

(a) Residence: No. 1504 W. Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883?

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
55 yrs	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) Nov 26-1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 7 1938
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address) Huntington Tennessee
Registrar.

DEC 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-29-, 1938 to 12-1-, 1938

I last saw alive on 12-1-38, 19. Death is said to have occurred on the date stated above, at 3.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt) Lower	?
Other contributory causes of importance: Septicemia	?

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) G. H. Maloney M. D.

(Address) President Hospital.

4470

Fo 4005-

HEALTH DEPARTMENT—CITY OF BALTIMORE

52732

CERTIFICATE OF DEATH

131 F 52732

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2607 E Hamilton St., 27-6 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Carrie Wright Frankton

(a) Residence: No. 2607 E Hamilton St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of William Frankton

6. DATE OF BIRTH (month, day, year) 11-3-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Joseph H Wright

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Eliza Jane Harryman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Mitchell

(Address) 2607 E Hamilton

18. BURIAL, CREMATION, OR REMOVAL

Place Private Date 12/8 1938

19. UNDERTAKER Leonard J Rork

(Address) 5300 Harford Rd

20. 12-7-1938 Huntington W Va
(Date received by local registrar) (Signature of local registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Dec 6, 1938

I last saw h alive on Dec 5, 1938. Death is said to have occurred on the date stated above, at 9.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bronchitis	11/25/37
b Ch. Intestinal Nephritis	11/25/37 ?
c	

Other contributory causes of importance:

d. Bronchitis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Theron Wright M. D.

(Address) 117 N. Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52733

93-4F 52733

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2332 Barclay St. 12-4 Ward)

gth of residence in city or town where death occurred 73 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Susan M. Martin

(a) Residence: No. 2332 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced
HUSBAND of
(or) WIFE of Richard A Martin

ATE OF BIRTH (month, day, year) 1-1-1865

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	6 5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

9. NAME James Smith

10. BIRTHPLACE (city or town) (State or country) England

11. MAIDEN NAME M Ann Clarke

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

INFORMANT Miss Sue Martin

(Address) 2332 Barclay St

BURIAL, CREMATION, OR REMOVAL

Place Hackney Md Date Dec 8- 1938

UNDERTAKER Mary M Medford

(Address) 201 E 22nd St

FILED 12-7-1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1938 to Dec 6 1938

I last saw h alive on Dec 6 1938 Death is said to have occurred on the date stated above, at 3:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry Boyd M. D.

(Address) 1100 E Monument

2734

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52734

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto Gen Hospital Ward) +

(If not in city or town where death occurred) ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record.

FULL NAME Emma Worthington

(a) Residence: No. 1914 Edison Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

(If married, ~~widowed, or divorced~~) ~~HUSBAND~~ of (or) WIFE of Charles M. Worthington

DATE OF BIRTH (month, day, year) Sept 13 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	2	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation 35

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME Ernest Tohenning

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. MAIDEN NAME Elizabeth Metzing

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. INFORMANT Neville Christopher

(Address) 403 Parkoley ave

15. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 10 1938

16. UNDERTAKER Wm Cook

(Address) 217 St Paul St

Dec 8 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938 to Dec 7, 1938

I last saw her alive on Dec 7, 1938. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular nephritis	
Uremia	
Other contributory causes of importance: Pneumonia 3 wks (Cerv)	
Confusion 3 wks (Cerv)	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. D. Singer, M. D.

(Address) 1211 E. N. Ave.

Schenuit

HEALTH DEPARTMENT—CITY OF BALTIMORE

2735 F 52735

CERTIFICATE OF DEATH

PLACE OF DEATH

600 Chapel Gate Lane

CITY OF BALTIMORE: (No. Sisters Sanatorium) (Ward) 8

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Aloysius J. Schenuit

If U. S. Veteran specify WAR No Record

(a) Residence: No. Sisters Sanatorium, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Schenuit

DATE OF BIRTH (month, day, year) Dec 6, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cattaboy Co Pa

13. NAME Henry Schenuit

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Simon

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Louise F. Hanson

(Address) 2nd & Gilmor Sts Balto Md

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12-9-38

UNDERTAKER Geo. W. McCabe & Son

(Address) 1217 E. Fayette St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 1938 to Dec - 6 1938

I last saw him alive on Dec - 6, 1938. Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1933
Cerebral Hemorrhage	1935
Other contributory causes of importance: Pulmonary Oedema	Dec-2 38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. Hanson M. D.

(Address) Catonsville Md

8-1938

2736

Cundiff

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52736

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N Northern St. 13-X Ward) Registered No. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, WAR to Record

2. FULL NAME Blanchard Ogden Cundiff (Cundiff)

(a) Residence: No. 816 N Smith ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Parson Cundiff

6. DATE OF BIRTH (month, day, year) April 28 1894 his

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Same as Home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/29/38

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John O Cundiff

14. BIRTHPLACE (city or town) (State or country) Va,

15. MAIDEN NAME Louise Kendall

16. BIRTHPLACE (city or town) (State or country) Balt,

17. INFORMANT Marie P. Cundiff

(Address) 816 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Crematorium Date Dec 8th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by me and ... find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma due to Chronic Alcoholism Hydrate	12/4/38
Other contributory causes of importance: Chronic Alcoholism	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 6 1938

Where did injury occur? 816 N North ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall

Nature of injury Chronic Alcoholism Hydrate

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John A Evans M. D.

(Address) 612 W 40th St Coroner

E 52737

52737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/178

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 1 W Camden St. 22-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World War.

2. FULL NAME Zack Gunderson

(a) Residence: No. Fort George G. Meade - Md St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 25-1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier (War Veteran) U.S. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Oct 38

11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill

13. NAME — (Mother) —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME — (Mother) —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT U.S. Ferris Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Elmhurst, Ill. Date Dec. 2, 1938

19. UNDERTAKER T. A. Hardesty & Son

(Address) Galesville, Md.

20. FILED Nov. 30, 1938 B. Norris

B. NORRIS, Registrar

Lt. Col., M.C.

1938 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence (Attended deceased / Made Inquiry)

above, held an Inquiry as to the cause of death, and that said deceased came (Attended deceased / Made Inquiry)

to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation with Decompensation	1 day
	?

Other contributory causes of importance: Chr. Cardio-Vascular-Renal Disease

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A Adams Coroner, M. D.

(Address) 2360 Eutaw Place

52738

F 52738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME John Jackson

(a) Residence: No. 509 S Green St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of Elizabeth Jackson

DATE OF BIRTH (month, day, year) Nov 6 - 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Savannah, Ga

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Elizabeth Jackson

(Address) 1337 Argyle ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/5 1938

UNDERTAKER William A Jackson

(Address) 509 S Green ave

FILED [illegible] Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1938

22. I HEREBY CERTIFY, That I have charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Inquiry or Inquiry) find that said deceased came to death on the date stated above.

Said Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4 hrs
Other contributory causes of importance: Lobar Pneumonia (Type # 3)	4 days

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael J. Perkins, M. D.

Coroner

(Address) 2300 Eutaw Place

739 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F52739

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP. St. 6-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZABETH MC KAY

(a) Residence: No. 206 N. MEDERIA ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED.

If married, widowed, or divorced
HUSBAND of (or) WIFE of PAUL MC KAY

DATE OF BIRTH (month, day, year) DEC 19/1860

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
77	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) BALTO. MD.

12. NAME UNKNOWN

13. BIRTHPLACE (city or town) (State or country) GERMANY

14. MAIDEN NAME UNKOWN

15. BIRTHPLACE (city or town) (State or country) GERMANY

INFORMANT MRS. GOERGE DUNKES

(Address) 5 S. ELLWOOD AVE.

BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN Date DEC. 9, 1938

UNDERTAKER Lilly & Zeiler Inc.

(Address) 402 S. WOLFE ST.

Huntington Ave. Crematory

FILED 19

Registrar.

DEC 8-1938 (Lilly)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address)

2740 HEALTH DEPARTMENT—CITY OF BALTIMORE 52740

CERTIFICATE OF DEATH

6-3 95-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2 Cathedral St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mr. Charles Gittings

(a) Residence: No. 2202 Urban Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Gittings

7. DATE OF BIRTH (month, day, year) Dec 4 1854

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	80	11	28	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioner

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md

11. NAME Mulhenan-Gittings

12. BIRTHPLACE (city or town) (State or country) Md

13. MAIDEN NAME Mulhenan

14. BIRTHPLACE (city or town) (State or country) Md

15. INFORMANT Clinton Gittings

(Address) 2202 Urban St

16. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 9 1935

17. UNDERTAKER Philip Henry Lau

(Address) 2116 Eutaw St

17. FILED 8-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1935 to December 6, 1935

I last saw him alive on December 6, 1935 Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease C	
2nd degree decompensation	
Other contributory causes of importance:	
Coronic Cystitis	
Benign hypertrophy of prostate	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tunget, M. D.

(Address) St. Josephs Hospital

—2-29-38—L. F. S.—600 Bks.

2741

F 52741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

REGISTERED NO.

—PLACE OF DEATH

Y OF BALTIMORE: (No. 5310 Elrode Ave ST., 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Laurence Frederick Krueger.

a) RESIDENCE NO. 5310 Elrode Av ST., 27th WARD

(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred 81 yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Krueger

TE OF BIRTH (month, day, and year) May 9, 1857.

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	29	

CUPATION OF DECEASED

Trade, profession or ticular kind of work Retired press operator &c

General nature of industry, siness, or establishment in ich employed (or employer) Enameling & Stamping

Name of employer National Enameling Co.

THPLACE (city or town) Balto

tate or country) Md.

NAME OF FATHER George F. Krueger.

BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

MAIDEN NAME OF MOTHER Emma Rumpf Krueger

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Nicholas

(Address) 6310 Elrode Ave

Filed [illegible] Registrar

1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8. 1938.

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to Dec. 8, 1938, that I last saw h[illegible] alive on Dec. 6, 1938, and that death occurred, on the date stated above, at 5:35 A m.

The CAUSE OF DEATH* was as follows:

Cerebrovascular Senile cerebral changes.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination.

(Signed) E. L. Sickel, M. D.

, 19 (Address) 5129 Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 12-10-1938

20 UNDERTAKER Leonard J. Agnet

ADDRESS 5302 Harford Ave

2742

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52742

CERTIFICATE OF DEATH

93-c

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3303 Ramona St. 26-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Louis T. J. Klein

(a) Residence: No. 3303 Ramona Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Teresa E. Klein

DATE OF BIRTH (month, day, year) Aug 4 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Treasurer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper + Brass Co

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Balt Md

12. NAME Louis P Klein

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) " "

16. INFORMANT Teresa Klein

(Address) 3303 Ramona Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 12-10-38 19

18. UNDERTAKER Leonard J Pond

(Address) 5305 Harford Rd

19. FILED Huntington Pownall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6-38 19

22. I HEREBY CERTIFY, That I attended deceased from December 5 19 38 to December 6 19 38

I last saw him alive on December 6 1938. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12/5/38.
Other contributory causes of importance: Chronic Myocarditis	1920

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Albert Engelwood M. D.

(Address) 1613 E. North Ave.

8-1938

52743

HEALTH DEPARTMENT—CITY OF BALTIMORE

52743

CERTIFICATE OF DEATH

√ 59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 Light St. 22-1 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Bessie Gale

(a) Residence: No. 726 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sol Gale

DATE OF BIRTH (month, day, year) 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Samuel Hyman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah Gale

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sol Gale
(Address) 726 Light st

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec 8, 1938

UNDERTAKER Sol Levinson & Bros
(Address) 124-26 W. North ave

FILED ... 19... Registrar.
12-8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Dec. 7, 1938

I last saw her alive on Dec. 7, 1938. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1934
Coronary Thrombosis	11-4-38
Coronary Thrombosis and Pulmonary Edema	12-2-38
Other contributory causes of importance: Diabetes Mellitus	1930

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Silverton, M. D.

(Address) 927 Light St

744 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 23 F 52744

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hosp. St. 07-15 Ward)

gth of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John Williams

(a) Residence: No. 2405 Kenwood Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) Oct. 28 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

2. NAME John

4. BIRTHPLACE (city or town) (State or country) Md.

5. MAIDEN NAME Grace Nelson

6. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Arbutus Park Date Dec. 8-38

UNDERTAKER Mrs. Geo. H. Holland
(Address) 631 Druid Hill Ave.

DEC 8 — 1938 19 Huntington Undertaking Co.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1937 to Dec. 5, 1938

I last saw h. alive on Dec. 5, 1938 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Jan, 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

, M.D. (Signed) L. M. Curtis, M. D.
(Address) Baltimore City Hosp.

52745 HEALTH DEPARTMENT—CITY OF BALTIMORE 52745

CERTIFICATE OF DEATH

V 59

PLACE OF DEATH Good Shepherd Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1512 Fulton St. 14th Ward)

th of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Virginia Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 2009 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Nov. 11 - 1907

E Years	Months	Days	If LESS than 1 day, hrs. or min.
31		24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Va.

. NAME Frankum Jackson

. BIRTHPLACE (city or town) (State or country) ~~Point Roots~~ Va.

. MAIDEN NAME Mair Roots

. BIRTHPLACE (city or town) (State or country) Va

FORMANT Mannie Jackson
(Address) 2009 McCulloh St

URIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Dec 8 '38

NDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave.

LED 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5- 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Dec 5 1938

I last saw h[illegible] alive on 12/5- 1938. Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Gastric Hemorrhage (Internal) 11/26/38

Secondary Anemia

Cardiac Decompensation

Other contributory causes of importance:

Febrile Tumor

Diabetes Mel.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I R Boyd Kin M. D.

(Address) 1512 Fulton St

E 52746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 37994 (MB) 39

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 96-13 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Martiel Pryor

If U. S. Veteran specify WAR .....

(a) Residence: No. No Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. ? 184[illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0 ?	90 ?	3		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. p87
9. Date deceased last worked at this occupation (month and year) .....
10. Total time (years) spent in this occupation .....

11. BIRTHPLACE (city or town) New Orleans
(State or country)

12. NAME Henry Pryor

13. BIRTHPLACE (city or town) Georgia (?)
(State or country)

14. MAIDEN NAME Ruth Camphor

15. BIRTHPLACE (city or town) Md.
(State or country)

16. INFORMANT City Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Dec. 9 1938

18. UNDERTAKER Mrs. George W. Holland
(Address) 1631 Druid Hill Ave

19. FILED Dec. 16 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) December 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1938. to December 5, 1938.

I last saw her alive on December 5, 1938. Death is said to have occurred on the date stated above, at 7[illegible] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-1-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

52747 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52747

CERTIFICATE OF DEATH 212-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. E-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Frank Joseph Mlinarik

(a) Residence: No. 2649 Chesterfield Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 3, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Frank J. Mlinarik

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Frank J. Mlinarik

(Address) 2649 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date 12/8/38

19. UNDERTAKER C. E. Schuppenhauer

(Address) 2601 E. Madison St.

20. FILED Huntington Grove Funeral Home

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5/38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Kidney	
Other contributory causes of importance: Hemorrhage	

Was an operation performed? Yes Date of

For what disease or injury? Fractured Kidney

Name of operation Nephrectomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/23/38

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury His sled ran into another sled while sledding.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schenck, M. D. Coroner

(Address) Coroner

48 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52748

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospital ✓19-a cc

CITY OF BALTIMORE: (No. Bay View St. 22-1 Ward) Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Plummer If U. S. Veteran specify WAR

(a) Residence: No. 657 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Thomas Plummer

14. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

15. MAIDEN NAME OF MOTHER Jennie Spraner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Foster Sister

(Address) 65 Light St

18. BURIAL, CREMATION, OR REMOVAL Laurel Cem

Place Randolph Sta Dec 10 1938

19. UNDERTAKER E. Howard Byrnes

(Address) 59 Light St

DEC 8-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive on Inquiry and that to the best of my knowledge and belief death occurred from the cause and at the time stated above. Inquiry

Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis due to Streptococci Septicemia	4 days
Other contributory causes of importance: Abscess of teeth and Lower Jaw	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. C. C. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52749

CERTIFICATE OF DEATH

✓ 34E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Ward. St. Balto Gen. Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BERTHA MEYERS

If U. S. Veteran specify WAR

(a) Residence: No. 833 N. Luzerne Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] May 20-1859

7. AGE: 79 Years | Months: 6 | Days: 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME OF MOTHER Anna Wiese

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Bertha Marks

(Address) 833 N. Luzerne St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Dec. 8/38

19. UNDERTAKER John L. Miller

(Address) 2534 Jefferson St.

20. FILED DEC 8-1938 Huntington Miller, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/25/38 to 12/5/38

I last saw her alive on 12/5/38. Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

Transverse myelitis, syphilitic — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Fox M. D.

(Address) So Balto Gen. Hosp.

Okey

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 52750

106-B

CERTIFICATE OF DEATH

PLACE OF DEATH South Balto. Gen. Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 5-2 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Norma Friese

(a) Residence: No. 708 N Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Dec. 8-1923

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	11	27 26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Wm. Friese

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Margaret Kimmel

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

INFORMANT Wm. Friese
(Address) 708 N. Montford Ave.

BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Dec. 8/38

UNDERTAKER John G. Kelly
(Address) 2334 Jefferson St. Huntington Virginia

FILED DEC 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1938 to 12-4, 1938

I last saw h... alive on 12-4, 1938. Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis, left lower lobe	1930
Lobectomy, left lower lobe	10-12-38
Ventricular standstill	12-4-38

Other contributory causes of importance:

Toxic Nephrosis	Nov 1938

Was an operation performed? Yes Date of 11-12-38

For what disease or injury? Bronchiectasis left lower lobe

Name of operation Lobectomy, left lower lobe

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis J. Nicol, M. D.

(Address) South Balto. Gen Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2751 ✓ 52751

CERTIFICATE OF DEATH

46-C

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Georgetown St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Carrie M Beagle

(a) Residence: No. 2411 Georgetown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J Beagle

DATE OF BIRTH (month, day, year) Sept 5 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto

10. NAME Thos Smith

12. BIRTHPLACE (city or town) (State or country) Maryland

13. MAIDEN NAME Mary

14. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Henry J. Beagle

(Address) 2411 Georgetown Rd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Dec 11. 1938

UNDERTAKER Edward Toulson

(Address) Park Circle

FILED Huntington Ave Baltimore, Md

DEC 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 7 . 1938

22. I HEREBY CERTIFY, That I attended deceased from DEC 27 . 1937 . to DEC 7 . 1938

I last saw her alive on DEC 6 . 1938 . Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF COLON	DEC 1937
Other contributory causes of importance:	

Was an operation performed? YES Date of FEB 1938

For what disease or injury? FOR ABOVE

Name of operation EXPLORATORY LAPAROTOMY

What test confirmed diagnosis? OPER Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J Nolan M. D.

(Address) 682 Washington Blvd

24883

HEALTH DEPARTMENT—CITY OF BALTIMORE

52752

CERTIFICATE OF DEATH

66-B

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Anna Middlebrook

(a) Residence: No. 1104 Hanselle Rd. Arc St., Ward, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Middlebrook

DATE OF BIRTH (month, day, year) May 8th 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	6	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England

9. NAME Thomas Paistrick

10. BIRTHPLACE (city or town) (State or country) Thomas Paistrick England

12. MAIDEN NAME Mary Hodgson

13. BIRTHPLACE (city or town) (State or country) England

INFORMANT JOHNS HOPKINS HOSPITAL

(Address) Records

BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Dec 9th 1938

UNDERTAKER Frederick Loughry Sons

(Address) 7401 Belair Road

FILED 8-1938 Huntington Wilmot, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1938, to Dec 6, 1938

I last saw her alive on Dec 6, 1938 Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Heart Disease	
c Mitral Stenosis & Insufficiency	
and Myocardial Failure	1910
Other contributory causes of importance:	
? Thyrotoxicosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar P. Scott, M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52753

CERTIFICATE OF DEATH

161-D F 52753

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1208 E Chase St. 180 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Robert A. Bowman Jr.

(a) Residence: No. 1208 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of "

ATE OF BIRTH (month, day, year) Dec. 8, 1938

GE Years	Months	Days	If LESS than 1 day hrs. or 1 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
8. Date deceased last worked at this occupation (month and year) (11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert A. Bowman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Veronica Schubl

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mr. Robert A. Bowman

(Address) 1208 E. Chase St.

BURIAL, CREMATION, OR REMOVAL

ver Cathedral Dec 8, 1938

UNDERTAKER Upper Md Cemetery Co

(Address) 924 E. Eager St.

FILED 19 Huntingtown Md
(Registrar)

DEC 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1938, to Dec 8, 1938

I last saw h in alive on Dec 8, 1938, 19 Death is said to have occurred on the date stated above, at 4:32 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra uterine asphyxia	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. J. Singer, M. D.

(Address) 506 E. North Ave.

2751 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52754

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 W. Lanvale St. 17-3 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Charles Banks

(a) Residence: No. 500 W. Lanvale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Banks

6. DATE OF BIRTH (month, day, year) Sept 1 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor for 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) portsmouth Va

13. NAME of Father Banks

14. BIRTHPLACE (city or town) (State or country) portsmouth Va

15. MAIDEN NAME of Mother Mary Cupp

16. BIRTHPLACE (city or town) (State or country) portsmouth Va

17. INFORMANT Minnie Banks

(Address) 500 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 8, 1938

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Johnson St Huntington W. Va.

Dec 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 26 1938, to December 4, 1938

I last saw him alive on December 4, 1938. Death is said to have occurred on the date stated above, at 7:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/4/38
Ventricular Fibrillation	11/25/38

Other contributory causes of importance:

Acute Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert L. Lafaver M. D.

(Address) 522 N. Bond St

52755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-T F 52755

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2750 Mosher St. St. 16-h Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George E. Morrison

If U. S. Veteran specify WAR

(a) Residence: No. 2750 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence P. Morrison (nee West)

6. DATE OF BIRTH (month, day, year) Sept. 1, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Morrison

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. George E. Morrison
(Address) 2750 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 9/38.

19. UNDERTAKER Harry A. Nitzke
(Address) 4101 Woodson Ave.

DEC 8 - 1938 . 19 Registrar

Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1936, to Dec 5 . 1938.

I last saw him alive on Dec 5 . 1938. Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumia.	3 da.
Acute Cardiac Dilatation	1 da.
Other contributory causes of importance:	
Cerebral arteriosclerosis	8 yrs.
Paralysis - left side.	1 year

Was an operation performed? yes. Date of 1937

For what disease or injury?

Name of operation Cerebral Puncture for diagnosis

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If no, specify.

(Signed) Marion Lee Sloan M. D.

(Address) 806 Fulton Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52756

CERTIFICATE OF DEATH

23 F 52756

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Gilmor St., 19-3 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Michael J. Janty

(a) Residence: No. 323 S. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed, or divorced — HUSBAND of (or) WIFE of Josephine Janty.

6. DATE OF BIRTH (month, day, year) Oct 18 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	18.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Michael J. Janty

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Margaret Marten

16. BIRTHPLACE (city or town) (State or country) Hungary

INFORMANT Josephine Janty

(Address) 323 S Gilmor St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 10 1938

UNDERTAKER Harry F. Wiehe

(Address) 401 E Fayette Ave

FILED 8-1938 Huntington W. Va. with Nat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Dec 5
Degenerative Myocarditis	?
	Occ

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hanna M. D.

(Address) 820 W Baltimore St Coroner

GALEY ✓ F 52757

52757 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 161-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 13-7 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Galey Jr.

(a) Residence: No. 3709 Falls Road St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 5-38

AGE Years	Months	Days 2	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Galey Sr

14. BIRTHPLACE (city or town) (State or country) Franklyn Pa.

15. MAIDEN NAME Goldie Rean

16. BIRTHPLACE (city or town) (State or country) Franklin Pa

INFORMANT John D. Galey

(Address) 3709 Falls Road

BURIAL, CREMATION, OR REMOVAL

Place Franklin, Va. Date Dec. 9 1938

UNDERTAKER Horace F. Burgee

(Address) 3621 Falls Road

FILED 19 Registrar

DEC 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	20 hrs
Other contributory causes of importance: Hemorrhagic Disease of Newborn	20 hrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Strand M. D. Coroner

(Address) 2360 Eutaw place

HEALTH DEPARTMENT—CITY OF BALTIMORE

52758 #39627 SF

CERTIFICATE OF DEATH

91-a F 52758

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-4 Ward)

54 yrs 64

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Emil Adolph Bley

If U. S. Veteran specify WAR

(a) Residence: No. 615 N. Payson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth

DATE OF BIRTH (month, day, year): 11/8/1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
0	70	0	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Germany

9. NAME: Emil Adolph

10. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Wilmena

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec. 8, 1938

UNDERTAKER Roland L. Fenhagen

(Address) 622 N. Monroe St.

FILED DEC 8 1938, 19 H. Eugene Pennington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1938 to December 6, 1938

I last saw him alive on December 6, 1938. Death is said to have occurred on the date stated above, at 10:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Nov. 1938
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. De Sautelle M. D.

(Address) Baltimore City Hospitals

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

52759

CERTIFICATE OF DEATH

94 B F 52759

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 418 S. Macon St. 26-7 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ellen Martz

(a) Residence: No. 418 S. Macon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Leon E. Martz

DATE OF BIRTH (month, day, year) Feb 3 - 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	7 +	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Penna.

12. NAME OF FATHER Michael Spotts

13. BIRTHPLACE (city or town) (State or country) Penna.

14. MAIDEN NAME —

15. BIRTHPLACE (city or town) (State or country) Penna.

16. INFORMANT Leon E. Martz

(Address) 418 S. Macon st.

17. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 12/10 19 38

18. UNDERTAKER Philip Herwig Son

(Address) 2616 Eutaw st.

19. Filed DEC 8 - 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7 19 38

22. I HEREBY CERTIFY That I attended deceased from Nov 9 38 to Dec 7 38

I last saw her alive on Dec 6 38 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr
Other contributory causes of importance: Coronary Thrombosis	1 wk

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Leon M. D.

(Address) 2030 E. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

52760

CERTIFICATE OF DEATH

163 F 52760

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Mem. Hospital (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Arthur McLane

(a) Residence: No. 808 Woodington Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Madge O'Neill

DATE OF BIRTH (month, day, year) Sept 6, 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Andrew Love

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Louisa Hancox

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Louise M. Love

(Address) 808 Woodington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date 12/8/38

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Entrance Place Huntington Terrace, Md.

FILED 12-8-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	12/7/38
From Solution of Cyanide of Potassium	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/7, 1938

Where did injury occur? Silver Wave Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Took Cyanide of Potassium

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A. Evans M. D.
Coroner

(Address) 612 W 40 St

HEALTH DEPARTMENT—CITY OF BALTIMORE

52761

CERTIFICATE OF DEATH

93-C F 52761

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 202 S. Payson Street St., 20-3 Ward)

Length of residence in city or town where death occurred 60 yrs. - mos. - ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

FULL NAME ERNESTINE KIRNER

If U. S. Veteran specify WAR ------

(a) Residence: No. 202 S. Payson Street St., 20 Ward. --------

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F. Kirner Sr.

6. DATE OF BIRTH (month, day, year) May 12, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---- 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ernest Kirschke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Rahare

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Fred Kraus (Daughter)

(Address) 2510 Dulaney Street

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Dec. 9-38

18. UNDERTAKER J. G. Michael & Son

(Address) 1300 EUTAW PLACE-C

FILED 12-8-1938 Huntington Pettigrew, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 19 38 to Dec. 6, 19 38

I last saw her alive on Dec. 5, 19 38 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	Nov. 11?
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. Haeuser, M. D.

(Address) 1822 N. Baltimore St.

2762

F 52762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-6

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 408 S. Ann St. 2-2 Ward)

Registered No. 1572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Victor Anderson

(a) Residence: No. 408 S. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 30-74

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Sweden

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Dept. of Commerce

(Address) Lifeguard Sta. # 1 438 50

BURIAL, CREMATION, OR REMOVAL Philadelphia Pa. Date DEC 8 1938

UNDERTAKER Wm. Cook

(Address) 217 St. Paul St.

Huntington Williams, N.Y.

FILED DEC 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) detailed be said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Auricular heart disease	Some time
Other contributory causes of importance (Anemia)	Some time
Anal Fistula, Atrophy)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 E. Broad St.

1938

6

HEALTH DEPARTMENT—CITY OF BALTIMORE 52763

63 V 131

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. 820 W Hollins St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Emil Goebel

If U. S. Veteran specify WAR

(a) Residence: No. 820 W. Hollins Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of single

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
ut 56			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME

14. BIRTHPLACE (city or town) (State or country) Emil Goebel Co

15. MAIDEN NAME Lena Dribel

16. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mrs Louise Thompson

(Address) 1217 E 25th St.

URIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 12/10 19 38

UNDERTAKER Williams Cook

(Address) 1217 St Paul St

ILED DEC 8 - 1938 19 H. Lester Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 . 1938 . to Dec 7 . 1938

I last saw h alive on Dec 7 . 1938 . Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Chronic Nephritis	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Larson M. D.

(Address) Halethorpe Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52764

CERTIFICATE OF DEATH

/ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Woodstock Ave. St., 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Ann Lakilling

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4200 woodstock ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Lakilling

6. DATE OF BIRTH (month, day, year) Aug. 16-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 11/1/36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Owens

14. BIRTHPLACE (city or town) (State or country) Laurel Md.

15. MAIDEN NAME Arabella McIntosh

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Kathryn Willis

(Address) 4301 Portmont ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 10th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED Dec 8-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7- 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5- 1938 to Dec. 7 1938

I last saw h... alive on Dec 7- 1938 Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and Metastases	1936
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W. North ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE 52765

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2245 Ruxton Rd St., 39th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter B Crist

If U. S. Veteran specify WAR .....

(a) Residence: No. 2245 Ruxton Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma L. Crist

6. DATE OF BIRTH (month, day, year): Jan 1876

7. AGE: Years 62 | Months 11 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Life Ins. Co.

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Geo. W. Crist

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Catherine .....

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Emma L. Crist

(Address) 2245 Ruxton Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12 9 1938

19. UNDERTAKER: The Wm. J. Gault Co.

(Address) 1229 N. Gault

20. FILED Dec 8 1938 Herrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1938 to Dec. 6, 1938

I last saw h[illegible] alive on Dec 6 1938 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1928
Cerebral hemorrhage	7 days

Other contributory causes of importance: .....

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer C. Todd M. D.

(Address) 735 N. Eutaw St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52766

CERTIFICATE OF DEATH

✓ 131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 12-3 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Jane M- Whirter

(a) Residence: No. 301 Whitridge Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	White	Widowed

If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of William McWhirter

DATE OF BIRTH (month, day, year) Aug 31st 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

9. Date deceased last worked at this occupation (month and year) X

10. Total time (years) spent in this occupation X

11. BIRTHPLACE (city or town) (State or country) Va

12. NAME Terry Connor

13. BIRTHPLACE (city or town) (State or country) England

14. MAIDEN NAME Birdie White

15. BIRTHPLACE (city or town) (State or country) England

16. INFORMANT Mrs N. Wallace

(Address) 301 Whitridge Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 10th 1938

18. UNDERTAKER Wm Cook

(Address) 219 E. Pratt St

19. FILED Dec 8 - 1938 20. Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1938, to Dec 7, 1938.

I last saw her alive on Dec 7, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Chronic Nephritis	?
Other contributory causes of importance:	
Uremia	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Aut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Cunningham M. D.

(Address) St. Josephs Hosp

767 # HEALTH DEPARTMENT—CITY OF BALTIMORE B 52767

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Rosalie Ave 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward G. Gabrielson

If U. S. Veteran specify WAR World War

(a) Residence: No. 3015 Rosalie Ave St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Beulah

6. DATE OF BIRTH (month, day, year): Nov. 6 - 1894

7. AGE: Years: 44 | Months: 1 | Days: 1 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Remington Rand

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Hans Gabrielson

14. BIRTHPLACE (city or town) (State or country): Norway

15. MAIDEN NAME OF MOTHER: Eva Nelson

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Beulah Gabrielson

(Address): 3015 Rosalie Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Forhingt... Date: 12/10/38

19. UNDERTAKER: Williams Cook

(Address): 1217 St Paul St.

20. FILED ... 19... Huntington, Wilmington, N.Y.

MEDICAL CERTIFICATE OF DEATH 7:30 AM

21. DATE OF DEATH (month, day, year): Dec 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan — , 1936 to Dec 7th, 1938

I last saw h... alive on Dec 6th, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1936
a Hypertension	
Other contributory causes of importance:	
Cerebral Hemorrhage	Dec. 6 1938

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — None

What test confirmed diagnosis? B.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hans Gabrielson M. D.

(Address)

2768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52768

CERTIFICATE OF DEATH

CGK--29476 51-F

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-3 Ward)
life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles O. Skipper

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2028 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary B.

DATE OF BIRTH (month, day, year) Sept. 10, 1881

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	3	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heating

8. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 30

9. BIRTHPLACE (city or town) (State or country) Md.

10. NAME Eli (D) Skipper

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Agnes Constintine

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT City Hospital Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 10th 1938

16. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

17. FILED ... 19...

12-8-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1937 to 12-7 1938

I last saw him alive on 12-7 1938. Death is said to have occurred on the date stated above, at 3.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Urethra with metastasis	1937
Urinary Extravasation	1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/30/37

For what disease or injury? Urinary extravasation

Name of operation Supra-pubic cystotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NC If so, specify ...

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

69 E 52769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2021 N. Calvert St. 12th Ward)

Length of residence in city or town where death occurred Life yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Sara C. Sherman

If U. S. Veteran specify WAR

(a) Residence: No. 2021 N. Calvert St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Sherman

DATE OF BIRTH (month, day, year) Jan 6 1850

AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
88	11	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Andrew C. Berenger

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sara Van Lisbringer

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Sherman

(Address) 2021 N. Calvert St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 9 1938

UNDERTAKER Albert H. Berenger

(Address) 402 E. North Ave

FILED DEC 9 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Dec. 7th 1938

I last saw h.. alive on Dec 7th 1938. Death is said to have occurred on the date stated above, at 6 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Arterio Sclerosis Myocarditis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr. H. Mosher M. D.

(Address) 14 E. Preston

Vernon 2681

Grenagle F 52770

52770 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1105 Bentalou St., 19th Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Patrick Thomas Grenagle
(a) Residence: No. 1105 Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): April 11, 1935
7. AGE: Years 3; Months 7; Days 26; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore Md
13. NAME of Father: Thomas Grenagle
14. BIRTHPLACE (city or town) (State or country): Baltimore Md
15. MAIDEN NAME of Mother: Laura Byrd
16. BIRTHPLACE (city or town) (State or country): Baltimore Md
17. INFORMANT: Laura Grenagle
(Address) 1105 Bentalou St
18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 12/10, 1938
19. UNDERTAKER: Geo. L. Schwab
(Address) 2101 Pidelick ave. Huntington Williams, N.Y.
20. FILED: DEC 9 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 7, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.
The principal cause of death and related causes of importance were as follows: P.M. 8:30 p.m.

	Date of onset
1st 2nd Lobar Pneumonia, Right Lung, Fatal	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: 12/6, 1938
Where did injury occur? 1105 Bentalou St. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: On front steps
Manner of injury: Playing ball - walking
Nature of injury:
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner
(Address) 1215 Harris ave

71 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52771

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Washington Boulevard St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 2 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Susan L. Grumpler

(a) Residence: No. 734 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Max A. Grumpler

6. DATE OF BIRTH (month, day, year) Jan 27 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Franz Leutner

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Louisa Akers

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary E. Ruth
(Address) 734 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 10 1938

19. UNDERTAKER Mr & Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St.

DEC 9 - 1938 H. Eston Willard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1938 to 1938

I last saw him alive on Dec 7 1938 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronar Sclerosis Pulmonary Edema	4 days Terminal
Other contributory causes of importance: Gangrene of Toes Following Chronic Interstitial Nephritis	Approx 4 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Kalz M. D.

(Address) 2027 N. Paca St.

772 ✓ F 52772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Christian Aschenbach

(a) Residence: No. 1300 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Aschenbach

DATE OF BIRTH (month, day, year) June 23 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0079

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Metal Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Aschenbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosa Dorer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Henry Aschenbach George Av Balto. Co. Md.

BURIAL, CREMATION, OR REMOVAL Place Loraine Cemetery Date 12/10/38

UNDERTAKER (Address) Thos. F. Gaylor & Sons Gaylor & Gilbert

FILED 1938 Hempstead, N.Y. Willard, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fracture	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident or not Dec. 5, 1938 Injury 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto. Crossing Holins & Carey St.

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) H. O. Weber M. D. Coroner

Address 2757 Mmos

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52773

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Augusta St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Harriett A Hamer

If U. S. Veteran specify WAR

(a) Residence: No. 20 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83		18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME OF FATHER Joseph C. Hamer

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME OF MOTHER Harriett Howard

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Wm B. Hamer

(Address) 1935 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem'l Park Date Dec 9/38 19

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson St

20. FILED 19 Registrar.

Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1 19 38 to 12-6 19 38

I last saw h alive on 12-6 1938 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset Aug 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Allen, M. D.

(Address) 20 Augusta St

74

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52774

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Egerton Road St., 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Katherine C. Schaefer

If U. S. Veteran specify WAR

(a) Residence: No. 3703 Egerton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick L. Schaefer

DATE OF BIRTH (month, day, year) Aug. 13, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

12. NAME Herman Born

13. BIRTHPLACE (city or town) Germany
(State or country)

14. MAIDEN NAME Elizabeth Lesher

15. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Anita A. Schaefer
(Address) 3703 Egerton Rd.

BURIAL, CREMATION, OR REMOVAL
Place Loudnn Park Cem. Date 12-9-38 19

UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

FILED 19 Emp. Mgr.

DEC 9-1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7-38 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1938 to Dec. 7- 1938

I last saw her alive on Dec - 3 - 1938. Death is said to have occurred on the date stated above, at 5309 m.

The principal cause of death and related causes of importance were as follows:

Syphilitic Arteriosclerosis — Date of onset
Chronic Nephritis — 2 yrs ago
Chronic Myocarditis with Edema — 3 months ago
Gradual deliquit heart failure

Other contributory causes of importance: ? Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Course

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 2202 Garrison Blvd.

2775 HEALTH DEPARTMENT—CITY OF BALTIMORE 52775

CERTIFICATE OF DEATH

93 C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Chesholm Road St., 15-9 Ward)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

FULL NAME Marie E. Price

(a) Residence: No. 3709 Chesholm Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Curtis Price

DATE OF BIRTH (month, day, year) Feb. 8, 1861

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	9	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

12. NAME Marcellus Stone

14. BIRTHPLACE (city or town) (State or country) -------- Maryland

15. MAIDEN NAME Elizabeth Jarboe

16. BIRTHPLACE (city or town) (State or country) -------- Maryland

INFORMANT Miss Ora M. Price
(Address) 3709 Chesholm Road

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/10 1938

UNDERTAKER Henry W. Mears & Son
(Address) 505 N. Calvert St.

DEC 9 - 1938 Huntington Williams, Nyd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from December 2 1938 to Dec. 7 1938

I last saw her alive on Dec. 6 1938. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance: Acute heart failure.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. J. Schmidt, M. D.

(Address) 701 N. Kenwood Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 59276
139097-ES

119-350

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marie Elizabeth McCullough

If U. S. Veteran specify WAR

(a) Residence: No. 804 S. Rose St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-8-38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Anthony McCullough

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Helen Kosinska

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Dec 9 1938

19. UNDERTAKER Stephen J. Fruchowski Inc
(Address) 1000 E. Lanvale St.

20. FILED Huntington Williams Registrar
Dec 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1938 to Dec. 8 1938

I last saw her alive on Dec. 8 1938 Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11/8/38
Acute Enteritis & colitis	11/29/38
Other contributory causes of importance: Gonorrheal Opthalmitis	11/8/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph McCord M. D.

(Address) Balto. City Hosp.

52777

HEALTH DEPARTMENT—CITY OF BALTIMORE

52777

CERTIFICATE OF DEATH

11a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1827 N. Caroline St., 8-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Kelly

If U. S. Veteran specify WAR

(a) Residence: No. 1827 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Aug 15. 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Ireland
12. NAME: James Kelly
13. BIRTHPLACE (city or town) (State or country): Ireland
14. MAIDEN NAME: Ellen Hillion
15. BIRTHPLACE (city or town) (State or country): Ireland
16. INFORMANT: Mrs. Arthur Kinsella
(Address): 1827 N. Caroline St
17. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 12/10/38
18. UNDERTAKER: Margaret S. Flynn
(Address): 1722 Light St.
19. FILED: Huntington Woods, Md.

D = 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1938, to Dec 8, 1938.
I last saw her alive on Dec 7, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance: Pneumonia	6 days

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Mehlig M. D.
(Address) 1779 Williams St

HEALTH DEPARTMENT—CITY OF BALTIMORE

52778 ✓ L 52778

52778

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Evergreen ave St., 27-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 7 mos. 7 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Margaret Carle

If U. S. Veteran specify WAR .....

(a) Residence: No. 2804 Evergreen ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 1. 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md.

13. NAME OF FATHER Wm. J. Carle

14. BIRTHPLACE (city or town) (State or country) Balto, md.

15. MAIDEN NAME OF MOTHER Walburga E. Winters

16. BIRTHPLACE (city or town) (State or country) Balto, md.

17. INFORMANT Wm. J. Carle (Father)

(Address) 2804 Evergreen ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date 12/10/ 38

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

20. FILED 12-10-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 . 1936 to Dec 8 . 1938

I last saw her alive on Dec 7 . 1938 Death is said to have occurred on the date stated above, at 2 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
For Advanced Pulmonary Tuberculosis	?
Other contributory causes of importance: Pulmonary Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Frank Kreagle, M. D.

(Address) 3047 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52779

2779

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 St Paul St., 12th Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Libbie A. Cheeseman

(a) Residence: No. 2720 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow.

If married, widowed or divorced HUSBAND of (or) WIFE of Byron C. Cheeseman

6. DATE OF BIRTH (month, day, year) May 26, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown, Md.
(State or country)

13. NAME OF FATHER Ephriam W. Funk

14. BIRTHPLACE (city or town) Hagerstown Md.
(State or country)

15. MAIDEN NAME OF MOTHER Rebecca Rhoade

16. BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

17. INFORMANT Miss Clara M. Walker

(Address) 2720 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 10 1938

19. UNDERTAKER Wm. Pickup & Bro.

(Address) Hotel & Eutaw

FILED ..... 19.... Registrar.

Huntington Mitchell, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938 to Dec. 6, 1938

I last saw her alive on Dec. 6, 1938. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12 hrs

Other contributory causes of importance:

Arterio-Sclerosis	5 yrs
Chronic Interstitial Nephritis	5 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Wm. M. Baumebaker M. D.

(Address) 2740 St. Paul St.

2780 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52780

CERTIFICATE OF DEATH 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 George St. 17-3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Rebecca Pine

U. S. Veteran specify WAR

(a) Residence: No. 721 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse D. Pine

DATE OF BIRTH (month, day, year) November 24, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

12. NAME John Taylor

13. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME Mary E. Ashley

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mr. J. Willard Pine

(Address) 7 S. Woodington Rd.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date. Dec. 10, 1938

UNDERTAKER Wm. J. Tickner and Sons

(Address) North and Penna. Aves.

FILED Huntington Williams, M.D. Registrar

12-9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: T.B. Peritonitis

	Date of onset
Fractures of right femur, right tibia & fibula	

Other contributory causes of importance: Chronic nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Amputation Date of 12-7

What test confirmed diagnosis? X-ray, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov. 1, 1937

Where did injury occur? 721 George St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on hall floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Krug, M. D.
Coroner

(Address) 1216 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

781 F 52781

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 15-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Flannery

If U. S. Veteran specify WAR

(a) Residence: No. 912 N. Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Ireland

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Unknown

16. INFORMANT Henry Baan

(Address) 2414 E. Monument St.

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec. 19, 1938

18. UNDERTAKER Martin Tufey & Sons

(Address) 1827 N. North Ave.

19. FILED 12-9-1938 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 27 1938 to Dec 8, 1938.

I last saw her alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 2.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis (Cause Unknown)	11-20
Terminal Bronchopneumonia	12-6-38
Other contributory causes of importance:	
Chronic Myocarditis	?

Was an operation performed? Yes Date of 11-23-38

For what disease or injury? Peritonitis

Name of operation Drainage of Peritoneal Cavity

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Angst, M. D.

(Address) St. Joseph Hosp

(Florence G Houck)

782 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52782

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1851 W. North ave. St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Florence G. Houck

(a) Residence: No. 1851 W. North ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund E. Houck

DATE OF BIRTH (month, day, year) June 17, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Reinhardt H. Gardner

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

15. MAIDEN NAME OF MOTHER Rebecca Eckhardt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Edmund E. Houck

(Address) 26 W. North ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Dec 10 1938

UNDERTAKER Francis Cook Dyer

(Address) 610 W. North Ave.

DEC 9-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams M. D.

Coroner

(Address) 1215 Fairmount Ave

2783

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52783

CERTIFICATE OF DEATH

√ x 59

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 1½ da. How long in U. S. If of foreign birth 45 yrs. mos. da.

FULL NAME Katherine Wiesner

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. Dorsey, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H.

6. DATE OF BIRTH (month, day, year) August 16, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Germany

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Edward H. Wiesner
(Address) Dorsey, Md.

17. BURIAL, CREMATION, OR REMOVAL
Place Zion Cem. Dorsey Md. Date Dec. 10, 1938

18. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 252 E. Baltimore Ave.

19. FILED 19

(Registrar)

DEC 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1938 to Dec 7, 1938

I last saw her alive on December 7, 1938 Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	Dec. 6, '38
Diabetes Mellitus	
Carbuncle, Neck	Oct. 19, '38

Other contributory causes of importance:
Metastatic carbuncle, left arm

Was an operation performed? Yes Date of Oct. 23, 1938

For what disease or injury? Carbuncle, neck

Name of operation Excision of Carbuncle.

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roland E. Briner M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

2784

CERTIFICATE OF DEATH

54-D F 52781

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs Lodie C. Morrow

(a) Residence: No. 1004 Somerset Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of George G. Morrow

6. DATE OF BIRTH (month, day, year) May 16 - 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT George G. Morrow. (Address) 1004 Somerset St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date 12/12 1938

19. UNDERTAKER Chas. F. Grave & Son Inc (Address) 118 W. Mt. Royal ave.

20. FILED 1938 Registrar. Hattie L. Williams, M.D.

EC 0-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1938 to December 5, 1938

I last saw her alive on December 5, 1938 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Glioma (Right)	
	Ovrt

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tunnicliff M. D.

(Address) St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52785

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Hospital or Institution 12-2 (b) Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rea L Ashoff. If U.S. Veteran specify WAR .....

(a) Residence 3210 Bickford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Elmer A. Ashoff.

6. DATE OF BIRTH (month, day, year) 5/10/1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Alvin Lerman

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Eugenia Brooks

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elmer A. Ashoff.
(Address) 3210 Bickford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 12/9 19 38

19. UNDERTAKER Chas. H. Grace & Son. Inc.
(Address) 113 W. Mt. Royal Ave Huntington Pollitaine, Inc.

20. FILED DEC 9 - 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6 38

22. I HEREBY CERTIFY, That I attended deceased from 11/31 38 to 12/6 38

I last saw deceased alive on 12/6 38 Death is said to have occurred on the date stated above, at 4:30 PM

The principal cause of death and related causes of importance were as follows:

	Duration
Intestinal obstruction	12/2/38

Other contributory causes of importance:
Endocarditis of Aortic Valves

Was an operation performed? Yes - 2 Date 11/29 12/3

For what disease or injury? (1) Endocarditis of Aortic Valves (2) Intestinal obstruction

What test confirmed diagnosis? Operation Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? X Date of injury 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not.

(Signed) S. D. Sunday M. D.
(Address) Union Memorial Hospital

786 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52786

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Brighton St. 16-7 Ward)

Length of residence in city or town where death occurred Lifetime mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME JAMES E. MOORE, SR.

(a) Residence: No. 2911 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary E. Harriman Moore

6. DATE OF BIRTH (month, day, year) June 5, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Kearney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John J. Moore
(Address) 3704 Duvall Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Frostburg, Md. Date 12/12-38

19. UNDERTAKER Chas. E. Francis Wm Lee
(Address) 118 W. McKaig Ave

20. FILED 12-9-1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Dec 8, 1938. I last saw h alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 1020A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	Unknown
Arterio-Sclerotic heart disease	Unknown
Other contributory causes of importance: Coronary Thrombosis	Dec 8 1938 15 minutes

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Winckel, M. D.

(Address) 2901 Edmondson Ave

52787 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52787

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1647 E North Ave St., 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mary J McDonnell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1647 E North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael J McDonnell

6. DATE OF BIRTH (month, day, year) Aug 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	12/13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Father Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Jane McGuire

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alice M Donnell

(Address) 1647 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 12, 1938

19. UNDERTAKER Ira Wiedefeld

(Address) 9 E Lexington St

20. FILED Huntington Williams Registrar

Dr Hall 6115

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1930 to ..... 19..... that I saw h. alive on Nov. 20, 1938 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930

Other contributory causes of importance:

Acute Cardiac dilatation	how long before death

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E K Hayward, M. D.

(Address) 114 E Eager St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

788 — 52788

CERTIFICATE OF DEATH

82-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1303 Valley St St., 9-9 Ward)

ngth of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Winifred J. Boland

(a) Residence: No. 1303 Valley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael J Boland

ATE OF BIRTH (month, day, year) Oct 17 1891

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	1	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brittas

3. NAME Stephen Edwood

4. BIRTHPLACE (city or town) (State or country) Ireland

5. MAIDEN NAME Maria Farahan

6. BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Mr Edwood

(Address) 1113 Forest St

URIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 10 1938

NDERTAKER Lyla Wedefeld

(Address) 914 Pennsylvania Ave

9 DEC 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938 to Dec 7, 1938.

That saw h alive on Dec 7, 1938. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	12-7-38
acute pulmonary edema	12-7-38
Other contributory causes of importance: hypertension	?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Samuel Levinson M. D.

(Address) 714 E. Preston St

Dr. Lilienfeld

789 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52789

CERTIFICATE OF DEATH 106-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3626 Coolidge Ave St., 25-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Leonard G Kassakatis

(a) Residence: No. 3626 Coolidge Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Salzmann

DATE OF BIRTH (month, day, year) April 13 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	8		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor School

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oct 20 1936

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

10. NAME Don't Know

11. BIRTHPLACE (city or town) (State or country)

12. MAIDEN NAME Don't know

13. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs Carrie Kassakatis
(Address) 3626 Coolidge Ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 10 1938

UNDERTAKER ~~John Ulrich~~ John Ulrich
(Address) 2008 Orleans St

DEC 9 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1938, to Dec 8, 1938

I last saw he alive on Dec 7, 1938. Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	1934
Pneumonia Terminal	Dec. 1938
Other contributory causes of importance:	
Bronchial Chronic	Infant

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-Ray & Bronchoscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If ... specify

(Signed) Elliot W Johnson M. D.

(Address) 3432 Frederick Ave

790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52790

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Frederick Ferdinand Menard

If U. S. Veteran specify WAR.

(a) Residence: No. 923 Brunswick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Menard

DATE OF BIRTH (month, day, year) 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinery

10. Date deceased last worked at this occupation (month and year) 12/38

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md Baltimore

13. NAME Henry Menard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Fenon

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Louis Menard, Jr

(Address) 923 Brunswick ST.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 10, 1938

UNDERTAKER John Ellis & Co

(Address) 2000 Orleans

FILED Huntington Williams, Jr. 2 DEC

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest or Autopsy) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound Right Temple	Dec 6, 38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Dec 6, 1938

Where did injury occur? Unmarked Hotel Fayette Holiday Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Bullet Wound

Nature of injury Gunshot

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Boyle M. D. Coroner

(Address) 1131 E Northern

HEALTH DEPARTMENT—CITY OF BALTIMORE

52791

CERTIFICATE OF DEATH

12738-FS

82-4 T 52791

1. PLACE OF DEATH Baltimore City Hospitals 26-12

Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

49 yrs.

2. FULL NAME Thomas Carter

If U. S. Veteran specify WAR

(a) Residence: No. B. C. H. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Wm. Carter

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ada Beach

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Balto. City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date DEC 9 - 1938

Commissioner of Health

19. UNDERTAKER

(Address)

FILED DEC 9 - 1938 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938. to December 7, 1938.

I last saw him alive on December 7, 1938. Death is said to have occurred on the date stated above, at 1235 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-5-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

4474

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 52792

CERTIFICATE OF DEATH

F 52792

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 15-1 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Virginia Kell

(a) Residence: No. 1420 E. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran (specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 3-1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Marshall Stewart

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary Bernice Kell

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mary Bernice Kell Mother

(Address) 1420 Gilmor St.

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY DENTAL SCHOOL DEC 9 - 1938

Commissioner of Health

UNDERTAKER Per H. A. Moore

(Address) Huntington Williams Nyit

FILED DEC 9-1938 Registrar 4472

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Dec. 3-1938
Prematur Birth	7 Months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No A.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

527?3

CERTIFICATE OF DEATH

✓ 107-a 39590-FS

F 52793

1. PLACE OF DEATH

Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 26-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

55 yrs.

2. FULL NAME Andy Seeberger

If U. S. Veteran specify WAR .....

(a) Residence: No. No Home St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation. (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Austria (State or country)

13. NAME Andy Seeperger ?

14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Alexandria ?

16. BIRTHPLACE (city or town) Austria (State or country)

INFORMANT Balto. City Hosp. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 9 - 1938 19

Commissioner of Health

UNDERTAKER

(Address) For H. L. Hoare

FILED DEC 9-1938 Huntington Williams Registrar

1473

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 2 1938 to December 6 1938

I last saw him alive on December 6 1938. Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-2-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

E 52794

2794 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S Ann St. St. 2-3 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME ANNA BRZEZINSKA

(a) Residence: No. 727 S. ANN ST St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) July 26, 1845

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lipnica Poland

13. NAME John Kutz

14. BIRTHPLACE (city or town) (State or country) Lipnica Poland

15. MAIDEN NAME Zacek

16. BIRTHPLACE (city or town) (State or country) Lipnica Poland

INFORMANT Mr Ignatius Bidrowski

(Address) 1713 Aliceanna St

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Dec. 10, 1938

UNDERTAKER M. F. Wojtowski & Sons

(Address) 1808 Eastern Avenue

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec. 7 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/12/38, 19 ... to ... 19 ...

I last saw her alive on Dec. 6, 1938, 19 ... Death is said to have occurred on the date stated above, at 10 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Terminal pneumonia	12/5/38

Other contributory causes of importance: Cardiac - vascular renal disease unknown

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Michael J. Wiecisch M. D.

(Address) 526 S. Bond St

HEALTH DEPARTMENT—CITY OF BALTIMORE

52795

CERTIFICATE OF DEATH

82-4 F 52795

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4126 Walbrook Ave 10-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ambrose G Vogt

If U. S. Veteran specify WAR

(a) Residence: No. 4126 Walbrook Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Vogt

6. DATE OF BIRTH (month, day, year): Aug 26 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Ambrose Vogt

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mrs Mary A Vogt

(Address) 4126 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL

Place: Edmondson Cem 12/10/38

UNDERTAKER: George A Farley

(Address) Boston & Fayette Sts Huntington Williams, Mgr.

REGISTRAR: 109 — 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/24 1938 to 12-7 1938

I last saw him alive on 12-7 1938. Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/6/38
Other contributory causes of importance: Cerebral Hemorrhage	11/24/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph H. Lawrence M. D.

(Address) 679 Washington Blvd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52796

CERTIFICATE OF DEATH

✓ 47 F 52796

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3405 Pinkney Rd St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 1 mos. 29 ds. How long in U. S. if of foreign birth? 90 yrs. 1 mos. 29 ds.

2. FULL NAME Annie Maria Lamdin

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3405 Pinkney Rd St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thomas A. Lamdin
DATE OF BIRTH (month, day, year): October-8-1848
AGE: Years: 90 Months: 1 Days: 29 If LESS than 1 day, hrs. or min.:
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none
BIRTHPLACE (city or town) (State or country): Baltimore Maryland
13. NAME: William Webb
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
15. MAIDEN NAME: Frances A. Jones
16. BIRTHPLACE (city or town) (State or country): Anne Arundel Co. Maryland
INFORMANT: Miss Lida S. Hastings (niece)
(Address) 1828 W Baltimore St.
BURIAL, CREMATION, OR REMOVAL: Londont Park Date Dec-10 of 38
UNDERTAKER: STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE
FILED DEC 9-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 7. 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1935 to Dec. 7 1938
I last saw h[illegible] alive on Dec. 6 1938 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	(?)
Other contributory causes of importance: Hypostatic pneumonia	Dec 2 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Williams Dupuis M. D.

(Address) 1326 W. Lombard

HEALTH DEPARTMENT—CITY OF BALTIMORE

52797

CERTIFICATE OF DEATH

✓ 23 F 52797

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-2 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Royal (38671)

If U. S. Veteran specify WAR

(a) Residence: No. 208 Colvin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie

DATE OF BIRTH (month, day, year) May 10, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WW

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country) N.Y.

13. NAME Joseph

14. BIRTHPLACE (city or town)
(State or country) Va.

15. MAIDEN NAME Maggie

16. BIRTHPLACE (city or town)
(State or country) Va.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Buried Dec 6 1938

UNDERTAKER John J Fahey Phys
(Address) 25 S Lexington St

FILED DEC 9 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1938 to December 3, 1938

I last saw him alive on December 3, 1938. Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

52798

CERTIFICATE OF DEATH

23 F 52798

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 Edythe St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred J. Williams

(a) Residence: No. 1239 Edythe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Addie Jones

DATE OF BIRTH (month, day, year) 12-4-1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) Unemployed

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) unknown

13. NAME Ben. Williams

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Nancy Rochelle

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Addie J. Williams

(Address) 1239 Edythe St.

BURIAL, CREMATION, OR REMOVAL

Place Dallo. National Cem. Date Dec. 12, 1938

UNDERTAKER Charles G. Confer

(Address) 3-5 N. Calhoun St.

DEC 9 1938 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1938, to Dec 7, 1938

I last saw him alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mo.
Other contributory causes of importance Repeated Hemmorhages	Oct 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation None Autopsy? no

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52799

CERTIFICATE OF DEATH

CGK--95-B F 52799

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-1 Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Annette Occomy

If U. S. Veteran specify WAR

(a) Residence: No. 805 Elder Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

DATE OF BIRTH (month, day, year): Unknown 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	66		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Md.

12. NAME: John Spittles

13. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Kate

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Dec 10, 1938

UNDERTAKER: Charles S. Cooper

(Address) 514 N. Calhoun St

FILED DEC 9 - 1938 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year): December 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to December 8, 1938

I last saw her alive on December 8, 1938. Death is said to have occurred on the date stated above, at 1:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease Unknown	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. de Lautelle, M. D.

(Address) Baltimore City Hospitals

52800

HEALTH DEPARTMENT—CITY OF BALTIMORE

52800

CERTIFICATE OF DEATH

95-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard Simms

(a) Residence: No. 806 S. Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of —

DATE OF BIRTH (month, day, year) 1-25-85

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wesley Tom Simms

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice Haslett

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Her place
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/10 1938

UNDERTAKER Isaiah L Brown Son
(Address) 108 W. Montgomery St

Huntington Williams Co. Inc.

FILED Dec 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1938, to Dec 7, 1938

I last saw h... alive on Dec 7, 1938. Death is said to have occurred on the date stated above, at 7:45 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 days
Other contributory causes of importance: Hypertensive cardiovascular disease	Unk.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Y. Sims M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52801 F 52801

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals 92-W
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 20-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Harry P. Wine

(a) Residence: No. 320 Furrow St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 27-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38		615	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME John E. Wine
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Mamie ?
16. BIRTHPLACE (city or town) (State or country) Baltimore Md
17. INFORMANT Wilbur Wine, Son
(Address) 202 Falls Road
18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Dec 10 1938
19. UNDERTAKER Harry H Waltz
(Address) 4101 Edmondson Ave
Huntington Woodside, Md

FILED DEC 9-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	June 1
Edema of lungs, pneumonia, Uremia	June 1
Other contributory causes of importance: Arterio-Sclerosis	Years

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood M. D. Coroner
(Address) 1712 N. Broadway

52802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108 F 52802

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Manro Digges

If U. S. Veteran specify WAR .....

(a) Residence: No. Owings Mills P.O. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alethia Digges

DATE OF BIRTH (month, day, year) Oct. 15, 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouse Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distillery 1080

10. Date deceased last worked at this occupation (month and year) December 1938

11. Total time (years) spent in this occupation 5 yrs.

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

12. NAME Dudley Humphrey Digges

14. BIRTHPLACE (city or town) .....
(State or country) United States

15. MAIDEN NAME Hannah Monroe

16. BIRTHPLACE (city or town) .....
(State or country) United States

INFORMANT Mr. Otis Shipley

(Address) Woodlawn, Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cem. Date Dec. 10, 1938

UNDERTAKER [illegible]

(Address) 1008 W. Baltimore St.

FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1938 to Dec. 8, 1938

I last saw him alive on Dec 8, 1938 Death is said to have occurred on the date stated above, at 3:5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, type III	Dec 7
Arteriosclerotic Heart Disease	
Generalized Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hammond J Ferguson M. D.

(Address) UMH

HEALTH DEPARTMENT—CITY OF BALTIMORE

52803 — CERTIFICATE OF DEATH — F 52803

95-B

1. PLACE OF DEATH — WALBROOK — Registered No.

CITY OF BALTIMORE: (No. 3106 ~~Walbrook~~ (45-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Lenz.

(a) Residence: No. 3106 Walbrook Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mathilda S Lenz.

DATE OF BIRTH (month, day, year) Jan 20 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy Standard ~~Oil Co~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Oil Co~~ 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Henry Lenz.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Adelheid Radecke

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT C Edw. Lenz.
(Address) 5502 Normandy Place

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date 12-10 1938

19. UNDERTAKER Mrs Chas A G Rohde
(Address) 3327 Edmondson. Ave

20. FILED DEC 9 - 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935 19 to Dec. 8, 1938

I last saw him alive on Dec. 6, 1938 Death is said to have occurred on the date stated above, at 11.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	Several Years
Other contributory causes of importance: Acute Cardiac Failure	10 Minutes

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Sussman M. D.

(Address) 2340 Eutaw Place

Dr. Sussman - 2340 Eutaw Place.

2804 F 52804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a cc

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No.) 1701 N. Ellwood ave. St., 1-1 (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Katherine M. Powers

(a) Residence: No. 171 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph W. Powers

7. DATE OF BIRTH (month, day, year) Mar. 25-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) Mar. 25-1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mrs. Brown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mrs. Brown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James A. Powers, Jr.
(Address) 1701 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Polish Catholic Date Dec. 10 1938

19. UNDERTAKER Stephen Szatkowski Sr.
(Address) 1000 S. Kenwood Ave. Huntington Williams, Jr.

(Filed) DEC 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came Inquiry (Inquest, Autopsy or Inquiry) death on the day stated above.

Dec

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Day
Fracture neck left femur	1938
	19
	Years.

Other contributory causes of importance: Cataract right Eye

Was an operation performed? Yes. Date of 1919

For what disease or injury? Cataract right Eye

Name of operation Intra Capsular Cataract Date of 1919

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury Nov. 25, 1938

Accident, suicide, or homicide?

Where did injury occur? 1701 N. Ellwood Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped fell in yard

Nature of injury Fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 171 N. Ellwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52805

Registered No. 34-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

2. FULL NAME Ernest Dietlein (39369)

(a) Residence: No. 718 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 26, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	11	

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Charles Dietlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Frisch

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 10 1938

UNDERTAKER Wm Cook
(Address) 217 S. Paul St.

FILED DEC 10 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1938 to December 7, 1938

I last saw h.m. alive on December 7, 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	3 mos?
Arteriosclerotic Heart Disease	8 mos?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE F 52806

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Milton Ave. St. 5-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Beck

(a) Residence: No. 1315 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Addie V. Beck

DATE OF BIRTH (month, day, year) Nov 10 1878

AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
60	0 1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Biscuit Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Louis Beck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Metzner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Addie V. Beck
(Address) 1315 N. Milton ave

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Dec 12 1938

UNDERTAKER Henry Lutz
(Address) 1203 E. Broadway

DEC 10 1938 Filed for Record, N. Lutz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to Dec. 9, 1938

I last saw him alive on Dec. 8, 1938 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	1934
Cerebral Hemorrhage	12/8/38.

Other contributory causes of importance

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Allen G. Singewald M. D.
(Address) 1613 E. North Ave.

52807

HEALTH DEPARTMENT—CITY OF BALTIMORE

52807

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So Balto Genl Hosp 25th (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2/5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth McLane

(a) Residence: No. 417 Patapsco Ave. St., Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7, 77

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 519

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn Md
(State or country)

13. NAME Asbury McLane

14. BIRTHPLACE (city or town) Brooklyn Md
(State or country)

15. MAIDEN NAME Rachel Mallonee

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Benjamin W McLane

(Address) 417 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 10 1938

19. UNDERTAKER

(Address)

(Signature) Huntington Williams Mgr

Dec 10 1938

12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-4-38, 19..., to 12-8-38, 19...

I last saw her alive on 12-8-38, 19... Death is said to have occurred on the date stated above, at 1.58 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, broncho-	12-3-38
Other contributory causes of importance: Cyphosis & Scoliosis	many years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Fog, M. D.

(Address) So Balto Genl Hosp

52808 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52808

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Mt Street Eaton Ave St. 25-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael J. Mc Namee

(a) Residence: No. Queenstown Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced WIFE of (or) HUSBAND of: Anne Neal McNamee

6. DATE OF BIRTH (month, day, year): Jan 23 1859

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
79	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boat Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sea

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME OF FATHER: John Mc Namee

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Julia Carroll

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): G. Neal Mc Namee 248 N Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Dec. 12 1938

19. UNDERTAKER (Address): G. Howard Strong 715 Linden Ave Huntington Williamson W Va

20. FILED ... 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1938 to Dec 8th 1938

I last saw him alive on Dec 5th 1938 Death is said to have occurred on the date stated above, at 6.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic degeneration	(?)
Cardiovascular disease	
Hypertension	
Other contributory causes of importance: Terminal pulmonary edema	12-8-38

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

52809 ✓ F 52809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH CGK--39665

8 2a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 4 Ward) 7

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Midgia Johnson or Maggie Johnston

If U. S. Veteran specify WAR .....

(a) Residence: No. 697 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
About 33	Unknown		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Dec 10, 1938

19. UNDERTAKER Mrs Katie R Wilkins
(Address) 322 S Schroeder St

20. FILED DEC 10 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1938 to December 8, 1938.
I last saw her alive on December 8, 1938. Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-4-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

2810

HEALTH DEPARTMENT—CITY OF BALTIMORE

52810

CERTIFICATE OF DEATH

93c

. PLACE OF DEATH

TY OF BALTIMORE: (No. 320 S. Exeter St. 3 - 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

. FULL NAME MARY MALLOY

(a) Residence: No. 320 S. Exeter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) Unknown — 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Malloy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT John McMahon
(Address) 320 S. Exeter St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec. 12 1938

UNDERTAKER Chas. F. Maue & Sons
(Address) 113 W. Mulberry St.

FILED 10 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1938 to Dec 9, 1938

I last saw her alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Eugene L. Cranmer, M. D.

(Address) 5 N. Dawson Lane

F 52811

52811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1113 Valley St., (Ward) 10-1
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Sarah Jane Monaghan If U. S. Veteran specify WAR
(a) Residence: No. 1113 Valley St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Monaghan

DATE OF BIRTH (month, day, year) Oct 16 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 55 yrs.
BIRTHPLACE (city or town) (State or country) England
13. NAME Benjamin Longdale
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Margaret Barnes
16. BIRTHPLACE (city or town) (State or country) England
INFORMANT Mrs James B. Blake
(Address) 1113 Valley St.
BURIAL, CREMATION, OR REMOVAL Date Dec 12 1938
Cathedral Cem.
UNDERTAKER Edmund C. Conkling's Son
(Address) 224 Eutaw St.
DEC 10 1938 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1938, to Dec. 8, 1938
I last saw h[illegible] alive on Dec. 7, 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance: Chr. Nephritis

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Barney M. D.
(Address) 1812 N. Broadway

52812 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52812

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 S Decker Ave St. 1-L Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George N. Gusin

(a) Residence: No. 1212 S. Decker Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Barnes Gusin

6. DATE OF BIRTH (month, day, year) April 5, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 0174

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Casimer Gusin

14. BIRTHPLACE (city or town) Austria (State or country) Hungary

15. MAIDEN NAME Victoria (Kakasova)

16. BIRTHPLACE (city or town) Austria (State or country) Hungary

17. INFORMANT Mrs. Rose McLeod

(Address) 2825 Chesterfield Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cemetery Date Dec 13, 1938

19. UNDERTAKER Stephen J. Fiedkowski Jr.

(Address) 600 S. Kenwood Ave

FILED ..... Registrar.

DEC 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1936 to Dec 9, 1938

I last saw h. alive on Dec 9, 1938 Death is said to have occurred on the date stated above, at 1:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Congestion	
Pneumonia	
Lobar	

Other contributory causes of importance:

Myocarditis Long Standing

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo A Bayley M. D.

(Address) Charlestown Md Cecil Co.

2813 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 52813

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Lane Drive + Brookfield ave. Registered No.
CITY OF BALTIMORE: (No. Cordova Apts. St. 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ~~Lifetime~~ How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Pauline Kronheimer Blair. (or Mrs.) (If U. S. Veteran specify War)
(a) Residence: No. Cordova Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Blair
6. DATE OF BIRTH (month, day, year): Sept. 1, 1855
7. AGE: Years 83; Months 3; Days 7; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto. Md.
13. NAME OF FATHER: Meyer Kronheimer
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME OF MOTHER: Clara Eichberg
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT: Wm. M. Conrad
(Address): Cordova Apts.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place: Beth Hebrew Date: Dec. 11, 1938
19. UNDERTAKER: Baird Sondheim + Co.
(Address): 1902 Eutaw Place
20. FILED: DEC 10 1938 Mattie Lee Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938, to December 8, 1938
I last saw her alive on December 1, 1938 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of coronary artery	
Cardiac failure	

Other contributory causes of importance:

Diabetes mellitus	
General arteriosclerosis	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clin. Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Blair M. D.
(Address) 928 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52814 52814

CERTIFICATE OF DEATH

94a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 N. Appleton St. 15-2 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie E. Wilhiser

(a) Residence: No. 1632 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

12. NAME Samuel Wilhiser,

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Ella Bloom,

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. Max Wilhiser,
(Address) 1632 N. Appleton St.

BURIAL, ~~CREMATION, OR REMOVAL~~
Place Meh. Friendship Date Dec. 11 1938

UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eutaw Place

FILED Huntington Whitmore, Registrar

10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Dec 8, 1938

I last saw her alive on Dec 2, 1938 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Polnick M. D.

(Address) 4710 Liberty Heights Ave.

52815 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52815

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital 463 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Schreiner (Wm. SCHREINER) If U. S. Veteran specify WAR .....

(a) Residence: No. 2627 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schreiner

DATE OF BIRTH (month, day, year) Sept 30 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	9 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Potter 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pottery

10. Date deceased last worked at this occupation (month and year) 12 years 1926 | 11. Total time (years) spent in this occupation 42 years

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME ? Schreiner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT George Schreiner (Wife)
(Address) 2627 E. Monument St

BURIAL, CREMATION, OR REMOVAL
Place 1st Evangelical Lu Date Dec. 10. 1938

HENRY SANDER & SONS. INC.
UNDERTAKER
(Address) Baltimore & Broadway

FILED ..... 19..... Registrar.

10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938. to Dec. 6, 1938.
I last saw h~~i~~m alive on Dec. 6, 1938. Death is said to have occurred on the date stated above, at 11 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Broncho Pneumonia	
(which followed gastro enterostomy)	
about three days	
Other contributory causes of importance:	

Was an operation performed? yes Date of Nov. 30, 1938
For what disease or injury? Carcinoma of Stomach
Name of operation Gastroenterostomy
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Louis J. Krogh, M.D.
(Address) Asst. Balto Gen'l Hosp

52816 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52816

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Rosekemp Ave 7-7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Brendel (BRENDEL)

(a) Residence: No. 3006 Rosekemp ave; St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Brendel

6. DATE OF BIRTH (month, day, year) Feb. 2nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pole Road Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

13. NAME Anton Brendel

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Annie McKissel

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs Katherine Brendel

(Address) 3006 Rosekemp Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Dec. 11 38

19. UNDERTAKER Frederick Loeffler Sons

(Address) 7401 Belair Road

Huntington Williams, Asst. Registrar.

FILED 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1938 to Dec 9 1938

I last saw h alive on Dec 8 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio sclerosis	
Other contributory causes of importance: General arterio sclerosis and myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Brunk M. D.

(Address) 4706 Harford Rd

12/10/38

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52817

34510-FS

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Schroedel
If U. S. Veteran specify WAR .....

(a) Residence: No. 1102 S. Conkling St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 6-5-1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	73	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash., D. C.
(State or country)

13. NAME OF FATHER William

14. BIRTHPLACE (city or town) Wash., D. C.
(State or country)

15. MAIDEN NAME OF MOTHER Margaret

16. BIRTHPLACE (city or town) Wash., D. C.
(State or country)

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Funeral
Place Ft Marcy Cem. Date Dec 10 1938

19. UNDERTAKER Degnan & Covington
(Address) 21 W. 25th St.

DEC 10 1938 Huntington Woollen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22 1938 to December 8 1938
I last saw him alive on December 8, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease Unknown	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation Clinical
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. De Lautelle M. D.
(Address) Baltimore City Hospitals

Cpl

818 (68-9)

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 52818

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 W. Saratoga St. 18-2 Ward)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Hazel Alexander

(a) Residence: No. 512 W Saratoga St., Ward Atlantic City, N.J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Alexander

DATE OF BIRTH (month, day, year) 4/6/83

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) November '37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co md

13. NAME James Hazel

14. BIRTHPLACE (city or town) (State or country) Calvert Co md

15. MAIDEN NAME Cecelia Golden

16. BIRTHPLACE (city or town) (State or country) Calvert Co md

INFORMANT Elsie Cecelia Carey

(Address) 1017 W. Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place Calvert Co Md. Date 12/11/38

UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St. Huntington Williams, N.J.

DEC 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.8.38

22. I HEREBY CERTIFY, That I attended deceased from 11.23.38 to 12.8.38

I last saw her alive on 12.7.38 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal vascular disease	about Nov '38
Congestive heart failure	12.7.38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. M. Pair M. D.

(Address) 400 N. carrollton ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52819 ✓ × 131 F 52819

52819

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 42-6 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR WW

2. FULL NAME James Henry Cornish

(a) Residence: No. 52 Douglas St., Cambridge, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Matiree Jews

DATE OF BIRTH (month, day, year) Dec. 25, 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Bucktown

(State or country) Md.

13. NAME Charles Cornish

14. BIRTHPLACE (city or town) Arms

(State or country) Md.

15. MAIDEN NAME Mary Dockins

16. BIRTHPLACE (city or town) Salem

(State or country) Md.

INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date Dec 12 1938

UNDERTAKER Lewis A. Henry

(Address) 222 Race St Cambridge Md

FILED DEC 1 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1938, to December 9, 1938.

I last saw him alive on December 9, 1938. Death is said to have occurred on the date stated above, at 7:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	
(Nephrosclerosis, severe)	Unknown
Other contributory causes of importance:	
Hypertensive heart disease	"
Pneumonia, lobular, left	Terminal

Was an operation performed? yes Date of 11-30-38

For what disease or injury? Nephritis

Name of operation Paracentesis & Perenecocsy

What test confirmed diagnosis? PM Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. B. H. Anderson, M. D.

(Address) U.S. Marine Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52820

CERTIFICATE OF DEATH

V 46-B F 52820

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 E North Ave St. 9-8 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank C Jenkins

If U. S. Veteran specify WAR

(a) Residence: No. 526 E North Ave St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Elizabeth Wheeler

6. DATE OF BIRTH (month, day, year) 2-6-072

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Baltimore

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nora Emily Jenkins

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna Elizabeth

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs C Jenkins

(Address) 526 E North Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cem Date Dec 12 1938

19. UNDERTAKER Mary M Wedefeld

(Address) 301 E 22nd St

Hampden, Baltimore, Md.

Registered

DEC 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938 to Dec 9, 1938

I last saw him alive on Dec 9, 1938 Death is said to have occurred on the date stated above at 9:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Pylorus	

Other contributory causes of importance:

Myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard E Woodcock M.D.

(Address) 530 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

52821

CERTIFICATE OF DEATH

87-B F 52821

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Ave St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 24 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Clara Brightwell

If U. S. Veteran specify WAR

(a) Residence: No. Harney, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Clay Brightwell

6. DATE OF BIRTH (month, day, year) Dec 27, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	11	13 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

13. NAME OF FATHER John Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Martha Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Clay Brightwell

(Address) R.D. Woodbine, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hunt's Cmty Date Dec 13 38

19. UNDERTAKER C. M. Walter

(Address) Mt. Pleasant, Md.

FILED DEC 11 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/1938

22. I HEREBY CERTIFY, That I attended deceased from 9/10/1938 to 12/10/1938

I last saw her alive on 12/10/1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	7 yrs
Severe Secondary Anemia	
Other contributory causes of importance: Bronchopneumonia, RT	12-6-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E Muse Jr. M. D.

(Address) St Agnes Hospital

51 840
52822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131 F 52822

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clifford Dotson

If U. S. Veteran specify WAR .....

(a) Residence: No. Harlan St., ... Ward. Kentucky

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ada

6. DATE OF BIRTH (month, day, year) 8-23-92

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ky

13. NAME Andrew Dotson

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Nannie Stull

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Adairville Ky. Date Dec 9 1938

19. UNDERTAKER Isby & Mitchell & Sons. (Address) 1900 Eutaw Pl.

20. FILED DEC 11 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1938 to Dec 9, 1938

I last saw him alive on Dec 9, 1938 Death is said to have occurred on the date stated above, at 10 49 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulonephritis	1937 (?)
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Barbara J. Bell M. D.

(Address) Johns Hopkins Hospital

52823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23 F 52823

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bruce Covington (37946)

If U. S. Veteran specify WAR

(a) Residence: No. 1047 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 22, 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S. Car.

13. NAME Iseral (D)

14. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME Rosa (D)

16. BIRTHPLACE (city or town) (State or country) S. Car.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Pickens S. C. Date 12-10 19 38

UNDERTAKER Jas. Jr. Skinner
(Address) 627 N. Mount St

FILED 12-11 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1938 to December 10, 1938

I last saw him alive on December 10, 1938 Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi-lateral Pulmonary tuberculosis	
Other contributory causes of importance: Anemia - Amyloid	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo M. Eustis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

52824 CERTIFICATE OF DEATH ✓ 94-3 F 52824

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. 4541 Pimlico Road St., 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME Samuel Gordon

(a) Residence: No. 4541 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena

ATE OF BIRTH (month, day, year): May 28/1884

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Hyman Gordon

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Fannie Berman

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Jacob Gordon 4541 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL: Shaw Southgate Date Dec 11 1938

19. UNDERTAKER (Address): Sol Levinson & Bro 1124-26 W Northave

20. FILED: Huntington Williams, Registrar 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1938 to Dec 10 1938

I last saw h~~im~~ alive on Dec 10 1938 Death is said to have occurred on the date stated above, at 5 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis, 1 Day.	
Other contributory causes of importance: Coronary Sclerosis 3 Mos.	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation:

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52825 — F 52825 — Registered No.

1. PLACE OF DEATH Md General Hospital
CITY OF BALTIMORE: (No.) Linden Ave, Madison St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR ...

2. FULL NAME L. Wilbur Vordenbege
(a) Residence: No. 816 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widow

6. If ~~single~~, widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Late Lonne Vordenbege

DATE OF BIRTH (month, day, year) Aug 18th 1873.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic Jr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Louis Vordenbege

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emma Loesting

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louis Vordenbege
(Address) 816 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorrid Ridge Co Date Dec 12 1938

19. UNDERTAKER Henry Hankin & Co
(Address) Ordered thru Collister

FILED DEC 11 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above. 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Arthritis

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NA

(Signed) ... Coroner, M. D.
(Address) 1251 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52826

CERTIFICATE OF DEATH

F 52826

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie M. Smith

(a) Residence: No. 1228 E. North ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 30, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Christian

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Margaret Connolly

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Dell Smith

(Address) 1228 E. North ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 12 1938

19. UNDERTAKER Rita Wedefeld

(Address) 914 Greenmount Ave

20. FILED 19 Registrar

DEC 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured hip	

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 11/27, 1938.

Where did injury occur? 1228 E. North Ave. Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

52827 — CERTIFICATE OF DEATH — 186-a — F 52827

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 13-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran — — — specify WAR

2. FULL NAME Sarah Jane Rice

(a) Residence: No. 3240 Keswick Road St., 13 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) November 17-1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	--	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Mt. Vernon-Woodberry Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0086

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

13. NAME Lewis Rice

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Caroline Weller

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT Miss Laura Rice

(Address) 3240 Keswick Road

BURIAL, CREMATION, OR REMOVAL

GRAVE Dove Run, Balto. Co. Date Dec. 12 1938

UNDERTAKER Horace F. Burger

(Address) 3631 Falls Road

FILED DEC 11 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 - , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured hip	
Diabetes Mellitus 4 yrs	

Other contributory causes of importance

Was an operation performed? Yes Date of 12/5/38

For what disease or injury? Fractured hip

Name of operation Nail inserted into hip Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/30/, 1938

Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on pavement

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken M. D.

Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

55828

CERTIFICATE OF DEATH

94 BF 52828

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Pas Kiewicz

(a) Residence: No. 2809 Dunlock Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Thomas Paskiewicz

DATE OF BIRTH (month, day, year) April 27th 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	7	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Adam Walzak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT James Szymanski

(Address) 2924 Sylvan Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 13th 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 11 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9-38

22. I HEREBY CERTIFY, That I attended deceased from 11-15-38 to 12-9-38

I last saw h alive on 12-9-38 Death is said to have occurred on the date stated above, at 10 30 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	?
Rheumatic (?) in origin	?
Coronary Occlusion	12-9-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. R. Tunget M. D.

(Address) St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52829 131 F 52829

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Wyanoke Ave. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daisy A. Shirkey

(a) Residence: No. 604 Wyanoke Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlie D. Shirkey

DATE OF BIRTH (month, day, year) May 16th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME John Bezier

14. BIRTHPLACE (city or town) (State or country) Phila Pa

15. MAIDEN NAME Josephine Bonsall

16. BIRTHPLACE (city or town) (State or country) Phila Pa

INFORMANT C. D. Shirkey

(Address) 604 Wyanoke Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 12th 1938

UNDERTAKER Wm Cook

(Address) 1217 E Paul St

FILED DEC 11 1938, 19 H. E. de Lime Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938, to Dec 9, 1938

I last saw her alive on Dec 7, 1938. Death is said to have occurred on the date stated above, 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1938
Chr Int- Nephritis	1937
Chr Myocarditis	1937
Other contributory causes of importance: Acute Cardiac Dilatation	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Bishop M. D.

(Address) 501-503 Sheridan Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

52830

CERTIFICATE OF DEATH

131 F 52830

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 W. Barre St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William E. Ruth

(a) Residence: No. 710 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Myrtle Franklin Ruth

DATE OF BIRTH (month, day, year) Nov 25th 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0

10. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Andrew Ruth

13. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Stutman

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Myrtle F. Ruth

(Address) 710 W. Barre St

BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 12th 1938

UNDERTAKER Wm Cook

(Address) 217 St. Paul St

FILED DEC 11 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1938 to Dec. 10, 1938

I last saw him alive on Dec. 9, 1938 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	?
Other contributory causes of importance: Uraemia	12/4/38

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel, M. D.

(Address) 1224-1226 Hanover St.

CERTIFICATE CORRECTED 3-28-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

52831

CERTIFICATE OF DEATH

82-4 52831

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 6203 York Rd. 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lou (Countee) Hanlon

If U. S. Veteran specify WAR

(a) Residence: No. 6203 York Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lou (Countee) Hanlon

DATE OF BIRTH (month, day, year) Dec 15, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	32	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Sheila Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Devine

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Lou (Countee) Hanlon

(Address) 6203 York Rd

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Dec 12th, 1938

UNDERTAKER J. McCabe Gould

(Address) 1210 W Fayette St

FILED DEC 11 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11th 1931 to December 7 1938

I last saw h alive on December 5, 1938. Death is said to have occurred on the date stated above, at 8:23 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal tumor	
type undetermined	1930?

Other contributory causes of importance:

Bronchopneumonia — Dec 5, '38

Phlebitis — Nov 30, '38

Cerebral Hemorrhage — Nov 29, '38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury, 19

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) R. C. Fallant, M. D.

(Address) 6210 York Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52832 — 95-B — 4818 Rural Rd — Registered No. F 52832

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1727 N. PULASKI St. 15-3 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME SIMON HORNSTEIN — If U. S. Veteran specify WAR

(a) Residence: No. 1727 N. PULASKI St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

If married, widowed, or divorced: HUSBAND of (or) WIFE of SARAH

6. DATE OF BIRTH (month, day, year) 1864

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ROUMANIA

13. NAME KARL

14. BIRTHPLACE (city or town) (State or country) ROUMANIA

15. MAIDEN NAME MINNIE

16. BIRTHPLACE (city or town) (State or country) ROUMANIA

INFORMANT WIFE

(Address)

BURIAL, CREMATION, OR REMOVAL

Place MT. CARMEL Date 12/8/38

UNDERTAKER JACK LEWIS INC

(Address) 1939 E. BALTO ST.

FILED DEC 11 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 10 38, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1937 to DEC. 10, 1938

I last saw him alive on Dec. 10, 1938. Death is said to have occurred on the date stated above, at 9 N A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1933
Other contributory causes of importance: Cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Manuel Levin M. D.

(Address) 4818 Reisterstown Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52835

CERTIFICATE OF DEATH

94-13

Registered No. F 52833

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital 13-3 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Harry Fleishman
(a) Residence: No. 2060 Linden Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME OF FATHER Max Fleishman
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME OF MOTHER Faga
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Eva Fleishman
(Address) 2060 Linden Ave.
18. BURIAL, CREMATION, OR REMOVAL Southern Ave Date 12/11/38
19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St
DEC 1 1938
20. Filed Dec 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schreiber Coroner, M. D.
(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

52834 F 52834

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital 59

CITY OF BALTIMORE: (No. Lucerne Ave & Rutland 15-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 33 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Edelson

(a) Residence: No. 511 N. Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isadore

DATE OF BIRTH (month, day, year) July 10-1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel H. Israel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fishin

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Husband
(Address)

BURIAL, CREMATION, OR REMOVAL 12-11-38
Date 19

UNDERTAKER Jos. Louis Sons
(Address) 1439 E. Baltimore St.

FILED DEC 11 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1938, to December 8, 1938.

I last saw her alive on December 7, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Hypertension	
Arteriosclerosis	
Arthritis	
Other contributory causes of importance:	
Diabetes	
Pneumonia	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Herbert N. Gunderheimer M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52835

CERTIFICATE OF DEATH

94-B F 52835

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samel Hinner

(a) Residence: No. 1512 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Yetta Hinner

DATE OF BIRTH (month, day, year): 1880

AGE: Years 58 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Liquor Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Hans Hinner

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Yetta Hinner

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Jack Hinner

(Address): 2600 Loyola Southway

17. BURIAL, CREMATION, OR REMOVAL

Place: Mount Carmel Date: 12/11/1938

18. UNDERTAKER: Wm. Levin Fine

(Address): 1539 E. Balto St

(Filed) 12/11 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Inquest) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.

Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52836

CERTIFICATE OF DEATH

F 52836

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Evergreen Ave 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Joseph McKew

If U. S. Veteran specify WAR .....

(a) Residence: No. 3210 Evergreen Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence M.

6. DATE OF BIRTH (month, day, year): March 18 1869

7. AGE: Years 69 | Months 8 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lieut.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore

12. NAME OF FATHER: William McKew

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Margaret Fahey

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mrs. Florence McKew

(Address): 3210 Evergreen Ave

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 12/2, 38

UNDERTAKER: John J. Fahey & Sons

(Address): 1310 Light St

FILED DEC 11 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 8, 1938

I HEREBY CERTIFY, That I attended deceased from November 25 1938, to Dec 8, 1938

I last saw him alive on Dec 8, 1938 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/8
Other contributory causes of importance: Arteriosclerosis, Cerebral Hemorrhage & Myocarditis	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Schenuit M. D.

(Address) 1337 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52837

CERTIFICATE OF DEATH

92-A 52837

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Penhurst Av St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 0 mos. 29 ds. How long in U. S. If of foreign birth 49 yrs. 0 mos. 29 ds.

2. FULL NAME Margaret Beulah German Orem

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 4108 Penhurst Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	4. Color or race: White	5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles A. Orem

7. DATE OF BIRTH (month, day, year): Nov-10-1889

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
49	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (City or town) (State or country): Baltimore Maryland

13. NAME OF FATHER: John H. German

14. BIRTHPLACE (City or town) (State or country): Hedgesville West Virginia

15. MAIDEN NAME OF MOTHER: Margaret Poisal

16. BIRTHPLACE (City or town) (State or country): Hedgesville West Virginia

17. INFORMANT: (Chas. Wesley Orem (Son)
(Address) 4108 Penhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem. Dec-12-1938
Place Date

19. UNDERTAKER: Stewart Mortuary Co.
(Address) 1088 W North Ave.

20. FILED DEC 11 1938 Registrar.

Hunting for Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-9-38, 1938 to 12-9, 1938

I last saw her alive on 12-9, 1938 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertension Cardio Vas Disease	
Endocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. G Attix, M. D.

(Address) 4507 Liberty Heights Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52838 ✓ F 52838

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3900 Boarman Ave Ward) 15-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth 75 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Kling

(a) Residence: No. 3900 Boarman Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced HUSBAND of (or) WIFE of Philip Louis Kling

DATE OF BIRTH (month, day, year) 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Ellis

11. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Morris Kling

(Address) 3900 Boarman

BURIAL, CREMATION, OR REMOVAL

Place Pontiac Ave Date 12/11/38 19

UNDERTAKER Post Sons Inc.

(Address) 1439 E Balto St.

FILED 11 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/38 . 19

22. I HEREBY CERTIFY, That I last viewed the remains of the deceased described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above. 4 30 pm

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

6

Eichberg

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52839

8839

CERTIFICATE OF DEATH

94-B 52839

Registered No.

1. PLACE OF DEATH Died in Taxicab. 15 — (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 39 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Johanna Eichberg

(a) Residence: No. 1545 N Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Eichberg

6. DATE OF BIRTH (month, day, year) 10/31/1865

7. AGE Years 73 | Months 1 | Days 09 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Leopold Mayer

14. BIRTHPLACE (city or town) (State or country) Germany Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Maurice Eichberg

(Address) 1545 Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Shelburn Date 12/12/38

19. UNDERTAKER Abrams & Sons

(Address) 2035 Eastern Ave.

Huntington Hillside, Md.

20. FILED 12/12/1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above, at 12 pm, 4 Pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	

Other contributory causes of importance: Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Myer Coroner, M. D.

(Address) 1210 Hamilton

HEALTH DEPARTMENT—CITY OF BALTIMORE

40

CERTIFICATE OF DEATH

F 52840

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Loloma Road) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine (Jarus) Wetzel If U. S. Veteran specify WAR

(a) Residence: No. 2605 Loloma Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Raymond Wetzel

DATE OF BIRTH (month, day, year) 7-4-1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME Frederick Schimmizer

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Margaret Schmidt

16. BIRTHPLACE (city or town) (State or country) Balt Md

INFORMANT Raymond Wetzel
(Address) 2605 Loloma Road

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12-12-38

UNDERTAKER Leonard J. Rust
(Address) 5305 Harford Road

FILED DEC 12 1938 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1938 to Dec 8 1938

I last saw h. W alive on Dec 5 1938 Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 8 '38
Acute Cardiac Dilatation	

Other contributory causes of importance:

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Morris B. Green M. D.

(Address) 3009 Evergreen Ave City

HEALTH DEPARTMENT—CITY OF BALTIMORE E52841

CERTIFICATE OF DEATH ✓ +53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benj L. Varner

If U. S. Veteran specify WAR

(a) Residence: No. 716 Russell ave Newark Ohio, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	M

If married, widowed or divorced HUSBAND of (or) WIFE of Agnes N Varner

DATE OF BIRTH (month, day, year) Aug 19 - 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rodmaster

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Newark Ohio

13. NAME Charles A. Varner

14. BIRTHPLACE (city or town) (State or country) Newark Ohio

15. MAIDEN NAME Laura Francis

16. BIRTHPLACE (city or town) (State or country) Newark Ohio

17. INFORMANT Agnes Varner

(Address) 716 Russell Ave N.A Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Newark Ohio Date 12/13 1938

19. UNDERTAKER Robert Brooks Olson

(Address) Calhoun & Nellis sts

FILED DEC 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938, to December 11, 1938.

I last saw him alive on December 11, 1938. Death is said to have occurred on the date stated above, at 1 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Feb. 1928
Subarachnoid Hemorrhage	Dec. 11, 1938
Other contributory causes of importance: Cerebellar Tumor	Feb. 1928

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Bradley M. D.

(Address) Univ. Hospital

342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52842

CERTIFICATE OF DEATH ✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Blanch Smith

If U. S. Veteran, specify WAR

(a) Residence: No. 5 E 33th. st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Smith

7. DATE OF BIRTH (month, day, year) Oct. 10, 1876

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parsonsville W. Va.

13. NAME Stanton Evans

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Camelia Russell

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT J. W. Smith

(Address) 5 E. 33th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 13th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St Paul st

Huntington W. Va.

20. FILED DEC 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Dec. 9, 1938, 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Charles St at 25 th St

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. C. Allen, M. D.

(Address) 3737 Canterbury Coroner

843 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52843

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530-Robb Street St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 years How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Santo Pistorio

If U. S. Veteran specify WAR

(a) Residence: No. 2530-Robb Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria (Uzzo)

DATE OF BIRTH (month, day, year) 11/1/1870

AGE Years	Months	Days	If LESS than 1 day
68	1	7	~~XXXXXX~~ or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~XXX~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Pistorio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Tomasina ?

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mrs. Maria Pistorio

(Address) 2530-Robb Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/12/38

UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

FILED Huntington Pollitt Registrar

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937 to Dec. 8, 1938

I last saw him alive on Dec. 8, 1938 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular renal disease	1932
cerebral hemorrhage	12-8-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? none

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd.

841

HEALTH DEPARTMENT—CITY OF BALTIMORE

52844

39458-FS

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-7 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Harding

If U. S. Veteran specify WAR

(a) Residence: No. 3640 Beach Ave., Hampden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

DATE OF BIRTH (month, day, year) 5-18-1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Louis HARDING

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosie Ellen Calp

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL Mayo Hampden Date Dec 13, 1938

UNDERTAKER Chenowet & Son
(Address) 3615-17 Chestnut Ave.

FILED DEC 12 1938, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1938, to December 10, 1938

I last saw him alive on December 10, 1938. Death is said to have occurred on the date stated above, at 6 51 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic syphilis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

845

F 52845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3051 Brighton St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Enoch Smith

If U. S. Veteran specify WAR

(a) Residence: No. 3051 Brighton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Grace Margaret Smith

7. DATE OF BIRTH (month, day, year) Dec. 22, 1887

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uniontown, Pa.

13. NAME of Father Enoch Smith

14. BIRTHPLACE (city or town) (State or country) Uniontown, Pa.

15. MAIDEN NAME of Mother Virginia Smith

16. BIRTHPLACE (city or town) (State or country) Hanover, Pa.

17. INFORMANT Grace Margaret Smith

(Address) 3051 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL Uniontown, Pa. Date Dec 17, 1938

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Eastern Ave

20. FILED Dec 16 1938 Huntington Wilson, Registrar

C 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence, obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 1:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. , M. D.

(Address) 1715 Harlem Ave Coroner

2846 F 52846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 632 W. Montgomery St. 22 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William E. Weekes

(a) Residence: No. 632 W. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie Weekes

DATE OF BIRTH (month, day, year) — 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Burton Weekes

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Frances Weekes

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT John W. Weekes
(Address) 941 Pierce St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 13 193

UNDERTAKER James A. Hayes
(Address) 142 W. Pratt St

FILED , 19 Registrar.

12 1938 Huntington Williams, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938 to Dec 10, 1938
I last saw h alive on Dec 10, 1938. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	?
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. F. Carroll, M. D.

(Address) 911 Warner St

2847 F 52847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Sumrset St. 5-1 Ward)

Length of residence in city or town where death occurred lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Clyde Jackson

(a) Residence: No. 422 E. Sumrset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Jackson

DATE OF BIRTH (month, day, year) Aug 3 1909

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ida Prator

16. BIRTHPLACE (city or town) (State or country) 422 Sumrset Md

INFORMANT Hazel Ambrose
(Address) 422 Sumrset St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec 12 1938

UNDERTAKER Mrs. R. A. Elliott Mgr.
(Address) 1122 E. Caroline St

DEC 12 1938 Livingston Williams Registrar

L K L

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9- 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1938, to Dec 9 1938

I last saw him alive on Dec 7 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-21-38
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sym, Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Linder M. D.

(Address) 14 S. Broadway

2848

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52848

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3238 Tioga Parkway Ward)

Length of residence in city or town where death occurred 1yr 5mos ds. How long in U. S. If of foreign birth? yrs mos ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Marshall Fried

If U. S. Veteran specify WAR

(a) Residence: No. 3238 Tioga Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 10-10-38

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Fried

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Betrice Polisoff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Samuel Fried - Father
(Address) 3238 Tioga Pkwy

BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date 12/13/38

UNDERTAKER Jack Levy Inc
(Address) 1732 E. Eager St.

DEC 12 1938 Huntington Mills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Dec 10, 1938

I last saw him alive on 12/10/38. Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Thymo-Lymphaticus	

Other contributory causes of importance:

NW

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Askin, M. D.

(Address) 2206 Park Ave

Roy Logan

HEALTH DEPARTMENT—CITY OF BALTIMORE

2849 52849

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 16 dds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roy Logan

If U. S. Veteran specify WAR

(a) Residence: No. 1931 Arquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 23-1938

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, maryland

13. NAME Ernest Logan

14. BIRTHPLACE (city or town) (State or country) Baltimore, maryland

15. MAIDEN NAME Louise Hazlette

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT mother

(Address) 1931 Arquith St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 12/12/ 1938

UNDERTAKER Rayne's Sanders

(Address) 413 E Preston St

FILED 19

Registrar.

2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9 1938

22. I HEREBY CERTIFY, That I attended deceased from November 21 1938 to December 9 1938

I last saw h. alive on December 9 1938. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Influenzal meningitis — Date of onset 11/29/38

Other contributory causes of importance:

pertussis — 11/14/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry S. Gimbel M.D.

(Address) Lydenham Hospital

Oreste Grecco

52850) # HEALTH DEPARTMENT—CITY OF BALTIMORE 52850

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Univ. Hosp. St. 6-3 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Oreste Grecco

(a) Residence: No. 8 N. Montford (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Grecco

DATE OF BIRTH (month, day, year) May 21 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery man for bakery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Lorenzo Grecco

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria Domenica Roma

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Teresa Grecco (Wife)

(Address) 8 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Dec. 14 38

19. UNDERTAKER Frank Della Noce

(Address) 52 N. Montford Ave

20. FILED 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1-38 1938 to 12-11-38 1938

I last saw h[illegible] alive on 12-1 1938. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	12-1-38

Other contributory causes of importance:

Epigastric Hernia

Was an operation performed? Yes Date of 12-7-38

For what disease or injury? Intestinal Obstruction

Name of operation Release of Obstruction

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

2851 F 52851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1051 Light St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Pauline Anascato

(a) Residence: No. 1051 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Concordia Anascato

DATE OF BIRTH (month, day, year) Dec. 4 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 (55)		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Criteri Palermo
(State or country) Italy

12. NAME Liborio Di Maria

13. BIRTHPLACE (city or town) Italy
(State or country)

14. MAIDEN NAME Maria Civella

15. BIRTHPLACE (city or town) Italy
(State or country)

16. INFORMANT Concordia Anascato (Husband)
(Address) 1051 Light St.

17. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Dec. 12 1938

UNDERTAKER Frank Della Vale
(Address) 52 S. Morley St.

FILED 12 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/38 19

22. I ~~HEREBY~~ CERTIFY That I attended deceased from October 19 38 to Dec 10 1938 19

I last saw her alive on 12/10 19 38 Death is said to have occurred on the date stated above, at 5:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	October 1938
Other contributory causes of importance: Cachexia	

Was an operation performed? Yes Date of

For what disease or injury? Exploratory Laparotomy

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grace Miller M. D.

(Address) 122 S. Charles St

2852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52852

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S. Port St. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME FREDERICK A. ECKERT

If U. S. Veteran specify WAR

(a) Residence: No. 307 S. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia Eckert

DATE OF BIRTH (month, day, year) March 12.1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7 8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Louis Eckert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kunigunda Donauer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Amelia Eckert (Wife)

(Address) 307 S. Port St.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Dec. 12.1938

UNDERTAKER HENRY SANDER & SONS, INC. Henry Sander

(Address) Baltimore & Broadway.

FILED 19 (Registrar)

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9. 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from March 14 1938 to Dec. 8, 1938.

I last saw him alive on Dec. 8 1938 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial insufficiency	about 1937

Other contributory causes of importance

none noted except slight hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P.S.A.I. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Rogers M. D.

(Address) 627 Eastern Ave.

52853 HEALTH DEPARTMENT—CITY OF BALTIMORE 52853

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5020 Norwood Ave 28 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 8 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Catheryn Behymer

If U. S. Veteran specify WAR

(a) Residence: No. 5020 Norwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur Behymer

DATE OF BIRTH (month, day, year) Jan. 21, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Indiana

12. NAME Frank Harpuhar

13. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Lillian Watt

16. BIRTHPLACE (city or town) (State or country) Indiana

INFORMANT Mrs. Wilbur Behymer

(Address) 5020 Norwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 13 1938

UNDERTAKER H. Stockyer Sons

(Address) North & Pa aves

FILED DEC 12 1938 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1938, to Dec. 10, 1938

I last saw her alive on Dec. 9, 1938 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of uterus	May 1938

Other contributory causes of importance:

Metastases to mediastinum with obstruction of vena cava

Was an operation performed? Yes Date of May 27 38

For what disease or injury? Sarcoma of uterus

Name of operation Supravaginal hysterectomy

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Tilden Howard M. D.

(Address) 12 E. Eager St. Balto.

2854 HEALTH DEPARTMENT—CITY OF BALTIMORE 52854

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 W. Lombard St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Eugene Hughes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1003 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther J. Hughes

DATE OF BIRTH (month, day, year) Nov. 24, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett & Hayward Co.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Michael Hughes

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Margaret Lowthes

16. BIRTHPLACE (city or town) (State or country) Howard Co Md.

INFORMANT Mrs. Esther J. Hughes

(Address) 1003 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 12 1938

UNDERTAKER Wm. Fletcher Bowers

(Address) North & Pa ave.

FILED ..... 19..... Registrar

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1938 to Dec 9 1938

I last saw h[e] alive on Dec 9 1938 Death is said to have occurred on the date stated above, at 12.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 4-38
Other contributory causes of importance Pulmonary Edema	Dec 7-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Henry Slemmer M. D.

(Address) 753 W. Fayette St

52855

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52855

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mary E. Jenkins

(a) Residence: No. 753 Hooker Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed or divorced HUSBAND of (or WIFE of) John P. Jenkins

DATE OF BIRTH (month, day, year) Jan 3 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Abraham Lowenthal

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Catherine Lewis

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. John P. Jenkins

(Address) 753 Hooker Street

BURIAL, CREMATION, OR REMOVAL

Place Westernport Md Date Dec. 13 1935

UNDERTAKER Mr. Wesley Thos

(Address) Md

FILED 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1935 to December 12, 1935

I last saw h... alive on December 12 1935. Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis & Hypertension	

Other contributory causes of importance:

Chronic Nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tunget M. D.

(Address) 57 Joseph's Hospital

52856 HEALTH DEPARTMENT—CITY OF BALTIMORE 52856

CERTIFICATE OF DEATH 23

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2212 Essex St. St., 1-4 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Borkowski

(a) Residence: No. 2212 Essex Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced WIFE of Joseph Borkowski

DATE OF BIRTH (month, day, year) Feb 21st 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Bilinski

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Maryanna Broda

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Joseph Borkowski.
(Address) 2212 Essex Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 13th 38

19. UNDERTAKER Hugh A. Weber
(Address) 705 S Ann Street

FILED Dec 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26 1938 to Dec. 10 1938

I last saw h.e alive on Dec. 9 1938 Death is said to have occurred on the date stated above, at 6.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George A Stefan M. D.

(Address) 43 N. Patterson Pk Ave

57 E 52857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Hospital St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph H Carrick

(a) Residence: No. 527 N Williams St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M Carrick

6. DATE OF BIRTH (month, day, year) Aug 24 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1072

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ca

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19..

19. UNDERTAKER William H Mareck (Address) 715 Light St

20. FILED DEC 12 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
bullet wound thru top head to brain, under thru chin, and thru right shoulder	12/10/38
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 12/10, 19 38

Where did injury occur? 100 bl. Montgomery St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury gun shot wound

Nature of injury bullet wound thru top head to brain, thru chin, thru right shoulder

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Angel Sittig M. D.
Coroner

(Address) 100 E Lexington St

52858 F 52858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH CGK--38547

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-2 117 W Ward)

4 Mos.

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Fannie Kelley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1013 Myrtle Ave. St., ... Ward. Ark. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John

DATE OF BIRTH (month, day, year) Nov. 2, 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	46	1	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

12. NAME Daniel Cosby

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Gloster Point Va Date Dec 12 38

UNDERTAKER James A Stamp

(Address) 142 W Hill St

FILED ..... 19.. ..... Registrar

12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1938 to 12-10 1938

I last saw her alive on 12-9 1938. Death is said to have occurred on the date stated above, at 8:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic ulcer	?
Cerebral Thrombosis	5 weeks
Broncho pneumonia	1 week

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Stapleford Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52859 F 52859

CERTIFICATE OF DEATH

34-4-107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Johnson

If U. S. Veteran specify WAR

(a) Residence: No. University Hospital St. 505 N Central Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Infant.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 27th - 38

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Ernest Cook

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ruth Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ruth Johnson (Address) 505 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvert Cem. Date 12-12- 1938

19. UNDERTAKER Before Francis H. Wright (Address) Mt Calvert Cem

20. FILED DEC 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from November 23rd 1938 to Dec. 11th 1938

I last saw him alive on Dec. 10th 1938. Death is said to have occurred on the date stated above, at 5.43 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis.	10-27-38
Other contributory causes of importance: Terminal Bronchopneumonia	12-10-38

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

52860

2860

CERTIFICATE OF DEATH

95-B 22154 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elijah Hesley

(a) Residence: No. 424 N. Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 11-25-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge Md. Date Dec 12 1938

19. UNDERTAKER Archibald A. Gaddis

(Address) 2101 N. Eutaw St.

20. FILED ... 19... Registrar.

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1938, to December 9, 1938

I last saw him alive on December 9, 1938. Death is said to have occurred on the date stated above, at 10:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. DeSautelle M. D.

(Address) Baltimore City Hospitals

F 52861

2861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a 17018 JS

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Wood

(a) Residence: No. 2315 Division St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

7. DATE OF BIRTH (month, day, year) 11-15-1881 /896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	~~57~~	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 090

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nanie Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL 38
Place New Cathedral Date 12/12 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ..... 19..... Registrar.

12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to December 10, 1938

I last saw him alive on December 10, 1938 Death is said to have occurred on the date stated above, at 11 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-7-38
Other contributory causes of importance: Cerebral hemorrhage (Arteriosclerosis)	Nov 1938 Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. Devilbiss M. D.

(Address) Baltimore City Hospitals

52862 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52862

CERTIFICATE OF DEATH

82-w

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 N. Calhoun St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rev. Philip Robert Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 526 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary ~~Smith~~ Syreada

6. DATE OF BIRTH (month, day, year) 2-3-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year) 12-7-1938

11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

MOTHER FATHER

13. NAME Beverly Jackson

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

17. INFORMANT Mary S. Jackson (W).

(Address) 526 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Dec 13 1938

19. UNDERTAKER Charles S. Cooper

(Address) 514 N. Calhoun St.

20. FILED 12 1938 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... declared by ... (Inquest, Autopsy or Inquiry) that said deceased came ... death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Other contributory causes of importance:

Date of onset Dec 8 1938

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jesse L. Allen M. D.

(Address) 526 N. Calhoun St

52863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52863

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Barclay St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Henshaw Butler

If U. S. Veteran specify WAR

(a) Residence: No. 3503 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. M S. Butler

DATE OF BIRTH (month, day, year) May 10. 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bunker Hill W Va

13. NAME OF FATHER Levi Henshaw

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Sara Ann Snodgrass

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Katherine Koppisch

(Address) Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood W. Va. Date 12-14 1938

19. UNDERTAKER E. Eugene Edwards

(Address) Ellicott City, Md

20. FILED 12 1938 By Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to 12/11 1938

I last saw her alive on 12/11 1938 Death is said to have occurred on the date stated above, at 5.40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Senile Heart — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George C. Hoffman M. D.

(Address) 806 Gorsuch Ave

52864 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52864

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Riverside Ave St. 24-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna A. Helder

If U.S. Veteran specify WAR

(a) Residence: No. 1516 Riverside Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles R. Heller

DATE OF BIRTH (month, day, year) June 24, 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

13. NAME Anton Ruesch

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Charles R. Heller

(Address) 1516 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery Date 12/14/ 38

19. UNDERTAKER Howard N. Bight Jr.

(Address) 4914 Belair Road

Hunter 11

FILED 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Dec. 11, 1938

I last saw her alive on Dec. 10, 1938 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus and and appendages	?

Other contributory causes of importance:

- - -

Was an operation performed? yes Date of 6/13/38

For what disease or injury? As mentioned above

What test confirmed diagnosis? opery Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1226 Hanover St.

865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52865

CERTIFICATE OF DEATH

95-B 39799-FS

1. PLACE OF DEATH — Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. 45 yrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Stanislawa Kalwa

If U. S. Veteran specify WAR .....

(a) Residence: No. 2211 Eastern Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of — Bronislaus

DATE OF BIRTH (month, day, year) — 3-25-1871 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67 64	67	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) — Poland

13. NAME — Stanislaus Lechert

14. BIRTHPLACE (city or town) (State or country) — Poland

15. MAIDEN NAME — Frances Piechcka

16. BIRTHPLACE (city or town) (State or country) — Poland

17. INFORMANT — B. C. H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place — Holy Rosary Date — Dec 14 1938

19. UNDERTAKER — Fred W. Ozarowski

(Address) — 1930 Eastern Ave.

20. FILED — Dec 12 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — December 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1938, to December 10, 1938.

I last saw him alive on December 10, 1938. Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1938
Other contributory causes of importance:	

Was an operation performed? — No — Date of .....

For what disease or injury? .....

Name of operation — Clinical

What test confirmed diagnosis? — Was there an autopsy? — No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — No — If so, specify .....

(Signed) — W. C. De Lautelle, M. D.

(Address) — Baltimore City Hospitals

F 52866

M. D. B. 1268-9

52866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 100 N. Montgomery St., 23-1 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Edward L. Russell

(a) Residence: No. 800 block Williams St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14-1883

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
45	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Wm D. Russell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Catherine Shirley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robt. Pennington

(Address) Havre de Grace Md

18. BURIAL, CREMATION, OR REMOVAL

Place Havre de Grace Date 12/11/38

19. UNDERTAKER Pennington & Son

(Address) Havre de Grace

FILED DEC 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10, 1938

22. I HEREBY CERTIFY, That I saw the remains of the deceased described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gun shot wound	
Ethmoid bone and	12/10/38
ethmoid brain.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury _____, 19____

Where did injury occur? 100 blk. Montgomery St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place on street

Manner of injury gun shot wound

Nature of injury Ethmoid brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sigd. Fittman M. D.
Coroner

(Address) 13 Old Court House St.

52867

HEALTH DEPARTMENT—CITY OF BALTIMORE

52867

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 6-3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sheldon Burman

(a) Residence: No. 122 N. Callington ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-20-1938

AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Nathan Burman

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rose Kaplan

16. BIRTHPLACE (city or town) (State or country) U.S.A.

INFORMANT Hospital

(Address)

BURIAL, CREMATION, OR REMOVAL

Shomrey Date 12-12-38 19

UNDERTAKER Jack Lewis Inc

(Address) 1429 E. Baltimore St

FILED 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1938, to December 11, 1938

I last saw him alive on December 11, 1938. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea—non-specific	12-2-38
Sclerema	12-7-38
Other contributory causes of importance:	
Perionychia - left middle finger	12/6/38
Lymphadenitis, axillary, acute	12/10/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph M. Geraci, M. D.

(Address) University Hospital

52868 ✓ F 52868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 11-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Jesse Bell
(a) Residence: No. 361 W. Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) **WIFE** of Mary

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 11 or 3
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

FATHER
13. NAME

14. BIRTHPLACE (city or town) (State or country) NC.

MOTHER
15. MAIDEN NAME Lucy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Bell
(Address) 361 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL Douglass Memorial Date Dec 17 1938

19. UNDERTAKER Adolphus Hairston
(Address) 918 Druid Hill Ave

Registrar Huntington Community, Inc.

DEC 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1938

22. I HEREBY CERTIFY, That I last attended the deceased from Dec 3 to Dec 6 1938, that I last saw h[illegible] alive on Dec 6 1938, and that death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-6-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel B Wolfe M. D.
(Address) 1331 E. North Ave

52869

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52869

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3033 Raynor Ave. St., 16-6 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Berger

If U. S. Veteran specify WAR .....

(a) Residence: No. 3033 Raynor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 10 1874

7. AGE: Years 64; Months 4; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Same

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Klein

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry Berger

(Address): 2217 N Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Westerly, Cemetery Dec 13, 1938

19. UNDERTAKER: Charles Powell

(Address): 2427 Edmondson Ave

DEC 12 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to Dec 10, 1938

I last saw her alive on Dec 10, 1938. Death is said to have occurred on the date stated above, at 11 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	1933
Other contributory causes of importance: Hypertensive Cardiovascular Dis.	1933

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward A. Kallins M. D.

(Address) 2116 W. Pratt St

2870 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52870

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Cora Morris

(a) Residence: No. 523 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Morris

DATE OF BIRTH (month, day, year) Oct 13 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seller of Books

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Samuel C. Morris

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. MAIDEN NAME Judea A. Cox

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

17. INFORMANT Mrs Anna E. Morris

(Address) 523 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 2-14-38

19. UNDERTAKER Kleindell & Humphreys

(Address) 42-44 N. Broadway

20. FILED [illegible] Registrar.

2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1937 to December 12, 1937

I last saw h alive on November 22, 1937 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Myocarditis Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Tunnyst M. D.

(Address) St. Josephs Hosp.

1 2 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52871

CERTIFICATE OF DEATH

C 5+22407

F 52871

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Sutton

(a) Residence: No. 823 Calhoun St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Otta

DATE OF BIRTH (month, day, year) 8-16-1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	3	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Ellis Bundy

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEMORIAL CEMETERY DEC 12 1938

Commissioner of Health

19. UNDERTAKER

(Address) Per H. B. Moore

20. FILED 12 1938 19 H. Fenton Williams, M.D. Registrar

4177

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1938 to 12-5, 1938

I last saw her alive on 12-4, 1938 Death is said to have occurred on the date stated above, at 4:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess pneumococcic	1936
Brain abscess - met-static - ruptured	sudden
Other contributory causes of importance:	

Was an operation performed? yes Date of 7/15/38 - 9/13/38

For what disease or injury? Lung abscess

Name of operation Drainage, lung abscess

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, how?

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52872 52872

CERTIFICATE OF DEATH

29 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 W. Fayette St. 19-H Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Ellen Clark

(a) Residence: No. 377 S. Monroe St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Butts Clark.

DATE OF BIRTH (month, day, year) April 3 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Fayne Island Va

13. NAME Gilbert Milford Crockett

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Rupus.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. E. Morgan.
(Address) 2115 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec. 13 1938

19. UNDERTAKER George L. Schnaat
(Address) 2101 Eutaw Pl.

20. FILED DEC 2 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935 to Dec. 10, 1938

I last saw h.. alive on Dec 10, 1938 Death is said to have occurred on the date stated above, at 11.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935

Other contributory causes of importance:

Arteriosclerosis	1935.
Tuberculosis glands of neck	1933

Was an operation performed? yes Date of Diagnosis 1933

For what disease or injury?

Name of operation Biopsy glands neck

What test confirmed diagnosis slide Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Egbert L. Mortunger Jr. M. D.

(Address) 2706 St Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52873 F 52873

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp 59 Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 5-E, North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Anderson

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurateur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pappatos Greece

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mary Anderson

(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec. 14. 1925

19. UNDERTAKER J. Francis Rice

(Address) Westminster, Md

20. FILED DEC 12 1925 Washington William Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1925

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1925 to Dec. 11, 1925

I last saw him alive on Dec. 11, 1925 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Diabetes mellitus	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Findlay M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52874

CERTIFICATE OF DEATH

108 F 52874

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No.) 116 Parrish St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Smallwood

If U.S. Veteran specify WAR .....

(a) Residence: No. 1116 Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of wife of Eli Smallwood

DATE OF BIRTH (month, day, year) Jan 3 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0010

10. Date deceased last worked at this occupation (month and year) 12/5/1938

11. Total time (years) spent in this occupation 20yrs

7. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

13. NAME OF FATHER Benjamin Harris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Annie Dandridge

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

17. INFORMANT Elaine Minor

(Address) 1116 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 12/16 1938

19. UNDERTAKER Taylor & Brickell

(Address) 2128 Pennsylvania Ave

20. FILED DEC 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1938 to Dec 11 1938

I last saw her alive on Dec 11 1938. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/4/38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. J. Hatcher M. D.

(Address) 1125 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

52875

CERTIFICATE OF DEATH

48 F 52875

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 E. Clement St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME grace T. gibson

(a) Residence: No. 1518 E. Clement St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James R. Gibson

6. DATE OF BIRTH (month, day, year): July 13. 1892

7. AGE: Years 46; Months 4; Days 27; If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Wm. Farrar

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Minnie Mallory

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Wm. L. Kroh 1518 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL Place: Cedar Hill Cem. Date: Dec 14 38

19. UNDERTAKER (Address): Margaret G. Flynn ~~1518~~ 1422 Light St.

Huntingtown Prince Georges Co. Md.

DEC 12 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 11. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5. 1938 to Dec. 11. 1938

I last saw her alive on Dec. 11. 1938 Death is said to have occurred on the date stated above, at 5:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterine cervix	June '38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Culbreth M. D.

(Address) 707 E. Fort Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52876

CERTIFICATE OF DEATH

24464 JS

94-B F 52876

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Miller

If U. S. Veteran specify WAR

(a) Residence: No. 109 Aisquith St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 8-7-1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	4 3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carolyn Hesson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec 13th, 1938

19. UNDERTAKER Elroy O'Neal

(Address) 1002 Broadway Ave.

20. FILED DEC 12 1938, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to December 10 1938

I last saw him alive on December 10, 1938. Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12-10-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantella, M. D.

(Address) Baltimore City Hospitals

2877

HEALTH DEPARTMENT—CITY OF BALTIMORE

52877

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Marie Thomas (39697)

If U. S. Veteran specify WAR

(a) Residence: No. 1019 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

7. DATE OF BIRTH (month, day, year) Aug. 4, 1891

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robert Williams

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Mahommitt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt Auburn Date Dec 13 38

19. UNDERTAKER Wm F. & Jackson
(Address) 216 Pennsylvania Ave

20. FILED 19 Registrar.

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938 to December 8, 1938

I last saw her alive on December 8, 1938 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 weeks
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

52878 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 52878

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 N Calhoun St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Hutton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1140 N. N. Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Gladys Rachel Hutton

6. DATE OF BIRTH (month, day, year) Feb. 9 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Benjamin Hutton

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Elizabeth Kirk (?)

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Gladys Rachel Hutton

(Address) 1140 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Auburn Date Dec 14 1938

19. UNDERTAKER Sam'l M. Chase Son

(Address) 638 N. Calhoun

20. FILED DEC 12 1938, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 11, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 12/2, 19 38, to 12/11, 19 38

I last saw he[illegible] alive on ..., 19 38. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Ewell Rhett, M. D.

(Address) 2127 Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

52879

CERTIFICATE OF DEATH

133 F 52879

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen'l Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Hom

(a) Residence: No. 403 East North Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Chinese	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) January 7th 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Twelve (12)	11	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Ebang Hom

14. BIRTHPLACE (city or town) (State or country) San Francisco California

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hom Lum

(Address) 403 E. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 12th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 12 1938 Huntington Wilt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18th 1938 to Dec 10th 1938

I last saw he alive on Dec 10th 1938 Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred H. Bowery M. D.

(Address) West Baltimore General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52880

CERTIFICATE OF DEATH

+79-a F 52880

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Homer Franklin Arrington

(a) Residence: No. Sykesville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 8, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Sykesville, Md

FATHER

13. NAME Thos Arrington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Tuck

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Cem. Date Dec. 14 1938

19. UNDERTAKER Harry Weld

(Address) Sykesville Md.

DEC 12 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry, find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	24 hrs
Other contributory causes of importance:	
Meningitis (Pneumococcus)	5 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical findings & Lab. Tests. Was there an autopsy? Date of

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams M. D.

Coroner

(Address) 2360 Eutaw place

S 6 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52881

CERTIFICATE OF DEATH

F 52881 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St., 25-1 Ward) 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Douglas Gordon

If U. S. Veteran specify WAR

(a) Residence: No. Ellicotts City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter A Gordon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie E Robinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT W A Gordon

(Address) Ellicotts City.

18. BURIAL, CREMATION, OR REMOVAL Place Meadow Ridge Date Dec 13 1938

19. UNDERTAKER Eaton Bros.

(Address) Ellicotts City

Hunting Ave Williams

Registrar

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree Burns.	12/9.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 12/9, 1938

Where did injury occur? Ellicotts City Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury 3rd degree body burns.

Nature of injury Fire started by cigarette.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W J Hanna M. D.

Coroner.

(Address) 823 W Baltimore St.

S 6

Dr. Davis

882 Robert a Pruett

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52882

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals ✓178-a cc

CITY OF BALTIMORE: (No. Bay View St., 2-3 Ward)

Registered No. 87

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robt A. Pruett

(a) Residence: No. 28 S. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura B. Pruett

6. DATE OF BIRTH (month, day, year) Dec. 8 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesterfield Co. Va.

FATHER

13. NAME [illegible] Pruett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Harriet Latimer

16. BIRTHPLACE (city or town) (State or country) [illegible] Va.

17. INFORMANT Mrs. Ellen Pruett

(Address) 2217 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL Interment

Date Baltimore Cemetery 12-13-38 19

19. UNDERTAKER Wendell E. Humphreys

(Address) 1501 E. Broadway

DEC 13 1938 Huntingtown Md.

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Gas Poisoning	Dec. 11 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec. 11, 1938

Where did injury occur? 28 S. Ann St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bath room

Manner of injury Lighting gas heater

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 712 E. Broadway

52883 HEALTH DEPARTMENT—CITY OF BALTIMORE E 52883

CERTIFICATE OF DEATH ✓ 82-a

Registered No.

1. PLACE OF DEATH Salvation army
CITY OF BALTIMORE: (No. Aisquith & Fayette Sts (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. 5-1 (Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Frederick J. Hilgeman
(a) Residence: No. Salvation army - Fayette & Aisquith Sts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Minnie Hilgeman

6. DATE OF BIRTH (month, day, year) March 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	98	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Perker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Fred J. Hilgeman
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Mary Huigs
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. George Hilgeman
(Address) 5-14 Mt. Lindenave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 12/13, 38

19. UNDERTAKER L. Hecmann & Son
(Address) 52 S. Broadway

20. FILED Registrar
DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Whedbee M. D.
Coroner
(Address) Coroner

52884

HEALTH DEPARTMENT—CITY OF BALTIMORE

52884

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Flora Bank

If U. S. Veteran specify WAR

(a) Residence: No. 3713 Liberty Heights Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellis

6b. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Meyer Sachs

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jeanette Rostofsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ellis Bank

(Address) 3713 Liberty Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Beth Tefiloh Cemetery Date Dec 13, 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 N. Howard St.

Dec 13 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Dec 12, 1938

I last saw h[illegible] alive on Dec 12, 1938 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	
Ascites, Cause	
Metastasis & Terminal	
Pneumonia	1938

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/15/38

For what disease or injury? Carcinoma

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Barney S Hendelsman M. D.

(Address) Sinai Hospital

52885

HEALTH DEPARTMENT—CITY OF BALTIMORE

52885

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Albert Chrest

If U. S. Veteran specify WAR

(a) Residence: No. Odenton, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ JESSIE CHREST.

7. DATE OF BIRTH (month, day, year) JULY 5, 1891

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. American Express Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hunting Club

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George A. Chrest

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Lizzie Parish

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT CHARLES G. SMITH.

(Address) ODENTON, MD.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Dec 14. 1938

19. UNDERTAKER Chenoweth Bros.

(Address) 3615-17 Chesterfield Ave

20. FILED ... 19... Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938, to Dec. 12, 1938.

I last saw h.[illegible] alive on 12/12/38, 19... Death is said to have occurred on the date stated above, at 4:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric ulcer	
Generalized peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12/8

For what disease or injury? Perforated gastric ulcer

Name of operation Repair of perforated gastric ulcer

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Sessoms M. D.

(Address) Union Memorial Hospital

52886

F 52886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Chestnut ave St. 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. 3414 Chestnut ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Moore

6. DATE OF BIRTH (month, day, year) March 10, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman (ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police Dept

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 39 years

12. BIRTHPLACE (city or town) (State or country) Hampden, Balto Co. Md.

FATHER

13. NAME Charles Davis Moore

14. BIRTHPLACE (city or town) (State or country) Hampden, Balto. Co. Md.

MOTHER

15. MAIDEN NAME Christina Moore

16. BIRTHPLACE (city or town) (State or country) Hampden, Balto. Co.

17. INFORMANT Mrs. Sadie Moore
(Address) 3414 Chestnut ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Dec 15, 1935

19. UNDERTAKER Thenowitch Bros
(Address) 3415-17 Chestnut Ave

12/31/1938 Hunter [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1935 to Dec 12, 1935

I last saw him alive on Dec. 12, 1935. Death is said to have occurred on the date stated above, at 8½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, myocarditis chronic, arteriosclerotic	indefinite
Arteriosclerosis, general	"
Hypertension, arterial	"
Other contributory causes of importance: Cardiac dilatation, acute	12/12/35

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred C. Moore M. D.

(Address) 1308 Windermere avenue

52887 E 52887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No.

2. FULL NAME August R. Venzke

(a) Residence: No. 22#. Putty Hill Ave. St., Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie C. Venzke

6. DATE OF BIRTH (month, day, year) Jan. 26, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil burner inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Emil Venzke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Lawrence

16. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

17. INFORMANT Mrs Marie C. Venzke
(Address) 22#, Putty Hill Ave. Parkville

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date 12/14/38

19. UNDERTAKER Frederick Braehmer Sons
(Address) 7401 Belair Road

DEC 13 1938 19 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia (Primary)	
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) Coroner

2888

HEALTH DEPARTMENT—CITY OF BALTIMORE

52888

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Gen. Hospital 46-F Registered No.

CITY OF BALTIMORE: (No. 34-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred R. Meyer

If U. S. Veteran specify WAR

(a) Residence: No. 1009 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 30th 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6 yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fridrick W Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margrete Spindle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs M A Steffens

(Address) 110 S Schroeder St

18. BURIAL, CREMATION OR REMOVAL

Place MB Olivet Date Dec 14 1938

19. UNDERTAKER Charles P Powell

(Address) 2427 Edmondson Ave

20. FILED ..... 19 ..... (Asst.) Registrar

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 2. 1938 to December 10. 1938

I last saw him alive on December 10. 1938 Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancreas	
Pyloric Obstruction	
Lobar Pneumonia	12 hrs 7-38

Other contributory causes of importance:

Gastro-Enterostomy	12 hrs 10-5-38

Was an operation performed? Yes Date of 10-5-38

For what disease or injury? Pyloric Obstruction

Name of operation Gastro-Enterostomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Louis J. Krolle M. D.

(Address) South Balto. Gen. Hosp.

52889

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52889

CERTIFICATE OF DEATH

193-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W. Biddle St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Wright Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 532 W. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Nov. 21, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52		1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Wright Sr.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carrie Gray

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mrs Carrie Wright

(Address) 532 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 13. 1938

19. UNDERTAKER Mrs Francis A. Hemsley

(Address) 575 W. Biddle St.

20. FILED ..... 19..... Registrar.

12-13-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/8 1938 to 12/10 1938

I last saw him alive on 12/10 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12-8

Other contributory causes of importance:

Coronary Sclerosis	years
Senility	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) R. Hale Ellis M. D.

(Address) 1211 N. Eutaw

52890 HEALTH DEPARTMENT—CITY OF BALTIMORE FS2890

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Stonerider

If U. S. Veteran specify WAR None

(a) Residence: No. 728 N. Lakewood Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Stonerider

7. DATE OF BIRTH (month, day, year) Sept 18, 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John ~~Gallagher~~

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Brigget Burk

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient
(Address) Church Home & Infirmary

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calv. Cem. Date Dec. 15 - 38

19. UNDERTAKER John A. Tillman
(Address) 1222 E. Baltimore St.

20. FILED , 19
Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1938. 12

22. I HEREBY CERTIFY, That I attended deceased from 11-11-38, to 12-12, 1938

I last saw her alive on Dec 12, 1938. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	?
Arteriosclerosis	?
Terminal bronchopneumonia	3 days
Other contributory causes of importance:	
Auricular fibrillation	35 days
Congestive failure	35 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cl. Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. Edmund Gruton, M. D.
(Address) Church Home & Infirmary.

52891 **HEALTH DEPARTMENT—CITY OF BALTIMORE** # 52891

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Monroe St., 19-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Flora Williams

If U.S. Veteran specify WAR _____

(a) Residence: No. 511 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa

FATHER

13. NAME Newton Kaine

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Nathaniel Jackson

(Address) 511 N. Monroe st

18. BURIAL, CREMATION, OR REMOVAL

Place Douglass Mem Date 12-13 1938

19. UNDERTAKER Jas. H. Skinner

(Address) 927 N. Mount st

20. FILED 19 _____ Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1938 to Dec 10 1938

I last saw h alive on Dec 10 1938 Death is said to have occurred on the date stated above, at 1045 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal	1937
	1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. J. Hafter M. D.

(Address) 6 W Saratoga

52892 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 52892

CERTIFICATE OF DEATH

V 349-133

39534-FS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Charles Harris

If U. S. Veteran specify WAR

(a) Residence: No. 1211 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) 12-25-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME Willian Harris

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sarah Day

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Robinsons Funeral Parlor Date Dec 13 1938

19. UNDERTAKER Archibald A. Maddin
(Address) 2101 McCulloh St.

20. FILED 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1938 to December 11, 1938

I last saw him alive on December 11, 1938. Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	Nov. 1938
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSanctis M. D.
(Address) Baltimore City Hospitals

DEC 13 1938

52893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52893
#39308
SF

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Samuel Aiken

If U. S. Veteran specify WAR

(a) Residence: No. 1919 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): 3/19/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): British West Indies

FATHER

13. NAME: Samuel Aiken

14. BIRTHPLACE (city or town) (State or country): Brith West Indies

MOTHER

15. MAIDEN NAME: Ware

16. BIRTHPLACE (city or town) (State or country): Cuba

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Memorial Pk Date Dec 13 1938

19. UNDERTAKER: Archibald A. Haddis
(Address) 2101 NE Baltimore

20. FILED 19 Registrar

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 29 1938 to December 10 1938

I last saw him alive on December 10 1938. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeCourtellle, M. D.
(Address) Baltimore City Hospitals

2894 Tautis F 52894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Conds Harbor

CITY OF BALTIMORE: (No. Dock & Wells St. 2-3 Ward)

Registered No. 1870

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casimer Tautis

If U. S. Veteran specify WAR

(a) Residence: No. 624 S. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Tautis

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year) 10/5

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Casimer Tautis

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Marie Adams

(Address) 224 Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Dec 14 1938

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann St

20. FILED DEC 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) did find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	Dec 9 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide? Date of injury Dec 9, 1938

Where did injury occur? Docks & Wells

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Dock

Manner of injury Fell in Water

Nature of injury Drowned, what

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 171 E. Lombard St

52895

HEALTH DEPARTMENT—CITY OF BALTIMORE

52895

CERTIFICATE OF DEATH

√ 45-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 24-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary Daisy Spyr

If U. S. Veteran specify WAR .....

(a) Residence: No. 3120 Howard Park Ave. City Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mr. Charles P. Spyr.

6. DATE OF BIRTH (month, day, year) Oct 2, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 97

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore, Md (State or country)

MOTHER FATHER

13. NAME Mr. Wm Holdsom

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Mr. William Spyr (Address) 3120 Howard Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Mausoleum Date Dec. 14, 1938

19. UNDERTAKER S. D. Mahler and Sons (Address) Fourth and Penna. Aves.

20. FILED ..... 19..... Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sun, Dec 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/4/38, 19..., to 12/11, 19 38

I last saw her alive on 12/11, 19 38 Death is said to have occurred on the date stated above, at 8¼ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	1931
Calculous Pyelitis	1931

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

52896 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52896

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Belvedere Ave 97-15 St., or Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willetta C. Bennett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1213 Belvedere Ave. ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Henry Bennett

6. DATE OF BIRTH (month, day, year): Dec. 8, 68

7. AGE: Years 70 | Months 0 | Days 4 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 68

10. Date deceased last worked at this occupation (month and year): Phila. Pa

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): McCarthy Pa.

FATHER

13. NAME: Lillian Abercrombie

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Mrs. Ella D. Banks

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): 1213 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Cem. Date Dec 14 1938

19. UNDERTAKER (Address): Wm. Tucker Sons Hotel & Pa. Ave.

20. FILED DEC 13 1938 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1938 to Dec 12 1938

last saw h... alive on Dec 11 1938. Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Manifestations	12/5/38

Other contributory causes of importance:

Arteriosclerosis Generalized 3 y

Carcinoma Hypernephroid Metastasis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Lamm M. D.

(Address) 1761 E North Ave

F 52897

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52897

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto. General Hospital 12-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME George Leonard Phillips 3rd

(a) Residence: No. 409 E. 31 St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Vernon Distillery

10. Date deceased last worked at this occupation (month and year) Dec 10 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

FATHER

13. NAME George Leonard Phillips

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mae Beard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mae Phillips
(Address) 409 E. 31 st St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 17 1938

19. UNDERTAKER William J. Tickner & Sons
(Address) North & Pennsylvania Aves

20. FILED ... Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~ or homicide? Accidental Date of injury 12/11/38

Where did injury occur? Franklin St at Evergreen
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto while crossing Street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

52898 HEALTH DEPARTMENT—CITY OF BALTIMORE 52898

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. St. 15-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Virginia Santmyer If U. S. Veteran specify WAR

(a) Residence: No. 2117 Dennison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Santmyer

6. DATE OF BIRTH (month, day, year) Jan. 26 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Easton Md.
(State or country)

FATHER

13. NAME Samuel Bartlett

14. BIRTHPLACE (city or town) Easton
(State or country)

MOTHER

15. MAIDEN NAME Margaret Blake

16. BIRTHPLACE (city or town) Easton
(State or country)

17. INFORMANT Mr. Charles D. Hopkins
(Address) 3708 Foster Circle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Crownpoint Cem. Date Dec. 15 1938

19. UNDERTAKER William J. Steiner & Sons
(Address) Forest & Pennsylvania Aves

20. FILED DEC 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1938 to Dec. 12 1938

I last saw h-- alive on Dec. 10 1938 Death is said to have occurred on the date stated above, at 3:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Chronic Nephritis	?

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elbert C. Reiter M. D.

(Address) 2245 Reisterstown Rd

F 52899

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52899

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 Wyndsor St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Price Close

If U. S. Veteran specify WAR

(a) Residence: No. 3040 Wyndsor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Carlisle Close

6. DATE OF BIRTH (month, day, year) Feb 21-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaretta Maynard

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Herbert Close

(Address) 3040 Wyndsor Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Date 12/14/38

19. UNDERTAKER Livingston Bros

(Address) 1631 Pennsylvania Ave

20. FILED , 19 Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Dec 12th 1938

I last saw h[illegible] alive on Dec 12th 1935 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Diabetes Mell.	20 yrs
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H. Gordon M. D.

(Address) 1819 N. Eutaw St.

52900

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52900

CERTIFICATE OF DEATH

✓ 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 Wilhelm Street St. 20-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 56 yrs. ..... mos. ..... ds.

2. FULL NAME LOUISE FLECK

If U. S. Veteran specify WAR ***

(a) Residence: No. 2025 Wilhelm Street St., 20 Ward. -----

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced (or) WIFE of William Fleck

6. DATE OF BIRTH (month, day, year) May 9, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	7	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At. Home

10. Date deceased last worked at this occupation (month and year) -- | 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Charles Hinneman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. William Fleck

(Address) 2025 Wilhelm Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 12-38

19. UNDERTAKER F. C. Wisbert & Son

(Address) 1300 EUTAW PLACE

20. FILED ..... 19.. Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938 to Dec. 9, 1938

I last saw her alive on Dec. 9, 1938 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... None

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kermisch M. D.

(Address) 1934 Wilkens Ave.

52901 HEALTH DEPARTMENT—CITY OF BALTIMORE 52901

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) University Hospital (b) 18-3 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Francis Keilholtz
(a) Residence: No. 1209 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): October 4, 1926
7. AGE: Years 12 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Edward Keilholtz
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER
15. MAIDEN NAME: Bernadine Wiegard
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mr. Edward Keilholtz
(Address): 1209 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Cem. Date: Dec. 15 1938

19. UNDERTAKER: D. Edmondson
(Address): 1003 W. Baltimore St.

20. FILED: DEC 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 12 1938

22. I HEREBY CERTIFY, That I attended deceased from November 19 1938 to December 12 1938
I last saw him alive on December 12 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-Encephalitis, probably tuberculous or virus	Nov 1938
Pulmonary Edema	12/10/38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/23/38
For what disease or injury?
Name of operation: Tonsilectomy + adenoidectomy; Evacuation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Hance M. D.
(Address) University Hospital

52902

F 52902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 N. Bond St., E-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Summers

If U.S. Veteran specify WAR .....

(a) Residence: No. 1827 N. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Ricks Summers

6. DATE OF BIRTH (month, day, year) Feb. 19, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Samuel Summers

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Margaret Frank

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Elizabeth R. Summers
(Address) 1827 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec. 14 1938

19. UNDERTAKER E. Leroy Stubbs, Inc.
(Address) 1256 N. Monte Ave.

20. FILED DEC 15 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1938 to Dec 11 1938

I last saw him alive on Dec 11 1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 4-38
Other contributory causes of importance: Chronic Hy cardia	Jun 4-37

Was an operation performed? none Date of .....

For what disease or injury? none

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? \ Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury no injury

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) E Gill Hall M. D.

(Address) 1631 E North Av

F 52903 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52903

CERTIFICATE OF DEATH

X 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 25 mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Mina M Schafer

If U. S. Veteran specify WAR

(a) Residence: No. Joppa Road (usual place of abode) Harford Rd Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert J Schafer

6. DATE OF BIRTH (month, day, year) March 20 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Julius N. Thomas

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Hess

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Albert Schafer (Address) Joppa Road

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 12-14-38

19. UNDERTAKER Leonard Mech (Address) 1305 Harford Road

20. FILED 19 Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/38 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1938, to Dec 11, 1938

I last saw h[illegible] alive on Dec 11, 1938 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-4-38
Other contributory causes of importance:	
Pleural effusion, (left)	12-9-38
Myocardial failure	12-10-38

Was an operation performed? yes Date of Nov 23, 1938

For what disease or injury? Chronic cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard Levine M. D.

(Address) University Hospital

52904

HEALTH DEPARTMENT—CITY OF BALTIMORE

52904

CERTIFICATE OF DEATH

CGK--39755

Registered No. 82

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-4 (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME George Hicks

(a) Residence: No. 1117 Morris St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-25-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Betty Barnes

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Lewbridge Va Date 12/13/38

19. UNDERTAKER Robert L. Cowan (Address) 804 W. Cleveland St

Registered DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1938, to December 11, 1938.

I last saw him alive on December 11, 1938. Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12-7-38
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. DeSautelle M. D.

(Address) Baltimore City Hospitals

52905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52905

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 E. Hoffman Street St. 8-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry I Bunn

If U. S. Veteran specify WAR

(a) Residence: No. 2638 E. Hoffman Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathryn E. Hammack

6. DATE OF BIRTH (month, day, year) June 15th, 1881

7. AGE Years	Months	Days	If LESS than
57	5	26	[illegible]

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John S. Bunn

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Elizabeth E. Pitt

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Kathryn E. Bunn (Wife)

(Address) 2638 E. Hoffman Street

18. BURIAL, CREMATION, OR REMOVAL

Place Wedowridge Cem. Date 12/14/38

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED ..... 19..... Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11 . 1938

22. I HEREBY CERTIFY, That I attended deceased from December 5. 1937. to December 11 . 1938

I last saw him alive on December 11. 1938 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Colon and Rectum	12-5-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec. 6, 1937

For what disease or injury? Carcinoma of Colon & Rectum

Name of operation Colostomy

What test confirmed diagnosis? Laboratory Tests Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert O. Singer M. D.

(Address) 1613 E. North Ave.

52906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52906

CERTIFICATE OF DEATH

Registered No. 1130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 W Baltimore St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Amelia Birkmeyer

If U. S. Veteran specify WAR ...

(a) Residence: No. 1920 W Baltimore St., 21 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Birkmeyer

6. DATE OF BIRTH (month, day, year) June 6 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ernest Springer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunstune

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Theodore Birkmeyer (Address) 1920 W. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 14/38

19. UNDERTAKER F. B. Weikert & Son (Address) 1202 Eutaw Place

20. FILED DEC 13 1938 H. F. Kramer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938 to Dec 12, 1938

I last saw h[e] alive on Dec 11, 1938 Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Interstitial Nephritis	7/11/38
Pemphigus	7/11/38

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John H Evans M. D.

(Address) 612 N 46

83

6

52907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52907

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Bessie H. Stahl

If U. S. Veteran specify WAR

(a) Residence: No. 4301 Fordham Rd. St., Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev, Robert M. Stahl

6. DATE OF BIRTH (month, day, year) Aug. 24-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William N. Hildebrand

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rosa Kean

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Robert M. Stahl

(Address) 4301 Fordham Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 14-38

19. UNDERTAKER J. E. Pippert & Son

(Address) 1300 POTAW PLACE, S.

20. FILED ..... 19.....

Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/5/38 19.. to 12/11 1938

I last saw her alive on 12/11 1938. Death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Menorrhagia	12/5/38
Other contributory causes of importance: Pulmonary Embolism	12/11/38

Was an operation performed? Yes Date of 12/7/38

For what disease or injury? Uterine Fibroids & Ch. appendicitis

Name of operation Pan Hysterectomy - appendectomy - Bilateral Salpingo Oophorectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) C. C. Johnston Jr. M. D.

(Address) Maryland General Hospital

52908

HEALTH DEPARTMENT—CITY OF BALTIMORE

52908

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 20-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S. Dean (Charles Dean)

If U. S. Veteran specify WAR

(a) Residence: No. 2608 W Fairmount Ave St. 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie S. Dean

6. DATE OF BIRTH (month, day, year) Jan. 13-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

FATHER

13. NAME Wittington Dean

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Park's

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Carrie Dean
(Address) 2608 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 12-38

19. UNDERTAKER Fu[illegible] P. F. Hubert & Son
(Address) 1300 EUTAW PLACE

20. FILED [illegible] 19 [illegible]

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Dec 9, 1938

I last saw h[illegible] alive on Dec 7, 1938 Death is said to have occurred on the date stated above, at 6:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy & Urinary Retention & Cystitis	2 yrs
	over
Other contributory causes of importance: arteriosclerosis	?

Was an operation performed? yes Date of Nov 2 38

For what disease or injury? Hypertrophied prostate

Name of operation Prostatectomy - suprapubic

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. R. Arnaut, M. D.

(Address) St. Joseph Hosp

52909 HEALTH DEPARTMENT—CITY OF BALTIMORE 52909

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH 3122 Elliot St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 26-9 Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Tedder

(a) Residence: No. 3425 Loudon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Charles Tedder

6. DATE OF BIRTH (month, day, year) May 8-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	3?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman A. Tedder

(Address) 3425 Loudon St.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Dec. 14 1938

19. UNDERTAKER Lilly & Zeller Inc.

(Address) 40 S Dr Mosher St

20. FILED DEC 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (saw the remains described by me, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Other contributory causes of importance: Senile arteriosclerosis	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 112 N. Broadway

52910

HEALTH DEPARTMENT—CITY OF BALTIMORE

52910

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Freemont Ave St., 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence Carter

(a) Residence: No. 1429 Fremont Ave St., 14th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Carter

6. DATE OF BIRTH (month, day, year) June 4, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

MOTHER

13. NAME Susannah Carter

14. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

FATHER

15. MAIDEN NAME Mary Vennit

16. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

17. INFORMANT Mary Vennit

(Address) 1429 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster. Co. Pa. Date Dec 14 38

19. UNDERTAKER Thomas E. Kelly

(Address) 1305 Preston St.

DEC 13 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 1230 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kann, M. D.

Coroner

(Address) 120 Marion

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52911

CERTIFICATE OF DEATH

210-M

F 52911

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St. 17-3 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stella A. Chambers

(a) Residence: No. 700 George St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamine Chambers

6. DATE OF BIRTH (month, day, year) Feb. 27, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Augustis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Stewart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Benjiman Chambers

(Address) 700 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 15 1938

19. UNDERTAKER Wm H. Kelly & Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Dec 13-38 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Dec. 2, 1938, 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Crossing Myrtle Av. in 1000 Bl.

Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, (Specify)

(Signed) H. R. Mullen, M. D.

(Address) 3757 Wash

V 50

912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52912

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Withens & Catler Aves St. 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Henry Merkel

If U. S. Veteran specify WAR

(a) Residence: No. 3532 Frederick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Heise Merkel

6. DATE OF BIRTH (month, day, year) June 2 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Monument Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anton Merkel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Böcking

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gerhardt Merkel

(Address) 3531 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12 | 15 | 38 19

19. UNDERTAKER H. O. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED Huntington Williams Registrar

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1938. to Dec 12th, 1938

I last saw h[illegible] alive on Dec. 12th, 1938. Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardiovascular Disease.	?
Acute Cardiac Failure	12-12-38
Other contributory causes of importance:	
Emphysema	?
Bronchial asthma.	?

Was an operation performed? NO Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Joseph E. Wise M. D.

(Address) St Agnes Hospital

52913

HEALTH DEPARTMENT—CITY OF BALTIMORE

52913

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. C 3990

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. Balto. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Ann Utz

If U. S. Veteran specify WAR

(a) Residence: No. 2634 Hampden Ave St., Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 7-38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Utz

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Edith Eppsian

16. BIRTHPLACE (city or town) (State or country) md!!

17. INFORMANT John J. Utz

(Address) 2634 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 12/13/38

19. UNDERTAKER Harry A. Wuttke

(Address) 4101 Eastern Ave

20. FILED DEC 13 1938 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12-11- , 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1938 to Dec 11, 1938

I last saw h[illegible] alive on Dec 11, 1938. Death is said to have occurred on the date stated above, at 9 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Prematurity	one
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. H Clamen M. D.

(Address) 3511 N. Calvert Street

Balto.

914 F 52914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH (a) Mercy Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 ..... Ward)

Length of residence in city or town where death occurred 5-4 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles L Sheets Jr. — If U. S. Veteran specify WAR .....

(a) Residence: No. 1407 N Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 18th 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Cleaner Helper

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Pittsburg Plate Glass Co

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. L. Sheets Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Simmons

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary E. Sheets
(Address) 1407 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mountland Park Date Dec 15th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st.

20. FILED DEC 13 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1938 to Dec 13 1938

I last saw h[illegible] alive on Dec 13 1938. Death is said to have occurred on the date stated above, at 5-4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Interstitial Nephritis	
(b) Uremia, Hypertension, Arteriosclerosis, Myocardial degeneration, Arteriosclerotic Heart Disease	
Other contributory causes of importance:	
Heart Failure	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. C. Shear M. D.

(Address) U. B. D. H.

2915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52915

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Orleans St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Oscar F. Leonhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. 210 Orleans St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Leonhardt

6. DATE OF BIRTH (month, day, year) June 19 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Philip Leonhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Haas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Leonhardt

(Address) 210 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 14 19 38

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eastern Ave

FILED DEC 13 1938 13 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 19 38 to Dec 11, 19 38

I last saw [illegible] alive on Dec 10 19 38 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hypertension	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

..... If so, specify .....

(Signed) F. Ted Dunning M. D.

(Address) 700 Mount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52916 — 119 — 38805 FS — F 52916

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Lee

(a) Residence: No. 2230 Pennsylvania Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-8-38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Marie Lee

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place B.C.H Date 12-12-38

19. UNDERTAKER .....
(Address)

20. FILED DEC 13 1938 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 8 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1938, to 12/8, 1938.

I last saw h.R. alive on 12/8, 1938. Death is said to have occurred on the date stated above, at 2 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE GASTRO-ENTERITIS	11/13/38
ACUTE PURULENT SINUSITIS	12/6/38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph M. Corbin M. D.

(Address) Baltimore City Hospitals

52917 E 52917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W 38768--IS

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... Sec. 21-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME John Coolahan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1217 W. Cross St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1-13-1870/1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~68~~ 63 ~~68~~	10 11	~~28~~ 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John Coolahan

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Catherine Egan

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/14/, 1938

19. UNDERTAKER John J. Curran & Son
(Address) 940 Hollins St.

20. FILED ..... 19.. Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) December 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1938, to December 11, 1938

I last saw him alive on December 11, 1938. Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-7-38
Other contributory causes of importance: Cerebral hemorrhage	Nov. 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. G. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 52918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52918

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Patterson Park Ave St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Weronika SZALACKA

(a) Residence: No. 10 S. Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Szalacki

6. DATE OF BIRTH (month, day, year) 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Mareskiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rev John J. Dulcz
(Address) St Hedwig Church Wilmington Del.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington Del. Date 12/13/38 19

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938 to December 12, 1938

I last saw her alive on December 12, 1938. Death is said to have occurred on the date stated above, at 12 NOON m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) GENERALIZED VASCULAR SCLEROSIS ?	
2) ARTERIOSCLEROTIC HYPERTENSIVE CARDIO-VASCULAR DISEASE ?	?
Other contributory causes of importance: TERMINAL BRONCHO-PNEUMONIA	DEC. 5 1938

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) ... M. D.

(Address) 209 S. Chester St.

OCCUPATION is very important. See instructions on back of certificate.

52919 HEALTH DEPARTMENT—CITY OF BALTIMORE 52919

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Hamilton Ave St., 27th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth M. Mueller.

(a) Residence: No. 3210 Hamilton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fm	W.	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Jacob Mueller Sr.

6. DATE OF BIRTH (month, day, year) Aug. 17-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Martin Roth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Jacob Mueller Jr.
(Address) 3210 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 12-15 1938

19. UNDERTAKER Leonard J. Finch
(Address) 2305 Harford Rd

20. FILED Huntington Woods Registrar.

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 1938

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1938 to December 12, 1938
I last saw her alive on December 11, 1938 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec. 4.
Other contributory causes of importance:	
Hypertensive Cardio Vascular Disease.	(?)

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phys. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) James E. White M. D.

(Address) 5214 Harford Road.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52920 | 108 F 52920

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Hamilton St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert J. Lewis

(a) Residence: No. 2304 Hamilton ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Wesley Lewis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Lucas

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Alley Allen

(Address) 1504 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 12/12/38

19. UNDERTAKER D. J. McCully

(Address) 1130 E. Fort Ave.

DEC 13 1938

REGISTERED 19... Registrar

5106 Harford Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1938 to Dec 10 1938

I last saw him alive on Dec 10th 1938 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-7-38

Other contributory causes of importance

Scoliosis Dorsalis Deformed in 1926
Fractured femur 1936 Complete Recovery 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Goodly M. D.

(Address) 5106 Harford Road

V9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52921 160-13 F 52921

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 27 Ward 11)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Boy Girl Dolan

(a) Residence: No. 305 Notre Dame Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 10, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph A. Dolan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Agnes Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cath. Date Dec 14-38 19

19. UNDERTAKER John A. McCann

(Address) 3000 E Balto St

Huntington Ind.

DEC 13 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938 to Dec 13, 1938

I last saw her alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 1 40 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	12-10-38
Other contributory causes of importance:	
Difficult Labor	—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) M. P. Tunget M. D.

(Address) St. Josephs Hosp

V9 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

#39801

52922

95-B F 59922

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lottie Morris

(a) Residence: No. 3329 Vera St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 3/4/1873 1888

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65 ~~50~~ 65	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Andrew

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louise Poindexter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Date Dec 15, 1938

19. UNDERTAKER Joseph A. Lipsky

(Address) 819 N. Howard Street

20. FILED DEC 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/38

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1938 to December 11, 1938

I last saw her alive on December 11, 1938 Death is said to have occurred on the date stated above, at 11:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-10-38
Other contributory causes of importance: Arteriosclerotic heart disease	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. de Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52923

CERTIFICATE OF DEATH

X 50 F 52923

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St. 25 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary L. Maddox

(a) Residence: No. Ridge ave., Halethorpe Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick Maddox

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Davis Baringer

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Agnes Donovan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) St. Agnes Hosp. Burdett Baltimore Maryland

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Cem. Date 12/14 38

19. UNDERTAKER (Address) John J. Fahey & Sons 1315 Light St.

20. FILED DEC 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1938, to Dec. 11, 1938.

I last saw her alive on Dec. 11, 1938 Death is said to have occurred on the date stated above, at 10 35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
SCIRRHOUS CARCINOMA of LEFT BREAST	MAY 1938
Other contributory causes of importance: STREPTOCOCCUS INFECTION IN WOUND	12/2/38

Was an operation performed? Yes Date of 12/1/38

For what disease or injury? Ca of BREAST

Name of operation RADICAL MASTECTOMY

What test confirmed diagnosis? LAB CLIN. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Daniel Leo Wehner M. D.

(Address) St Agnes Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52924

CERTIFICATE OF DEATH

× 34-13 F 52924

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Holt

If U. S. Veteran specify WAR

(a) Residence: No. 47 Cathedral St., Annapolis, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widower

6. DATE OF BIRTH (month, day, year): March 15 1878

7. AGE: Years 60 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: of M.E. Church

10. Date deceased last worked at this occupation (month and year): 12, 1937

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md.

FATHER

13. NAME: Louis W Holt

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md.

MOTHER

15. MAIDEN NAME: Rebecca Stinnett

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md.

17. INFORMANT (Address): Rev Benj. Holt 40 Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place: Brewerhill Date: 12 - 10 19

19. UNDERTAKER (Address): E.H.B. Parker 47 Washington St Annapolis Md

DEC 13 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/12 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/22 1938 to 12/12 1938

I last saw him alive on 12/11 1938. Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C-V. disease	?
Chr. vascular nephritis	?
Other contributory causes of importance: Syphilis.	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, how?

(Signed) W. Hatheider Jr. M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52925

CERTIFICATE OF DEATH

46-G 52925

1. PLACE OF DEATH Franklin Sq Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. S. 26-7 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hubert C. Howe

(a) Residence: No. 902 S. Ponca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug. 26-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K. & C. Trading Co

10. Date deceased last worked at this occupation (month and year): Aug. 1938

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Phila. Pa.

FATHER

13. NAME: Walter A Howe

14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER

15. MAIDEN NAME: Ida Goodwin

16. BIRTHPLACE (city or town) (State or country): West Indies Islds.

17. INFORMANT (Address): Allen C. Howe 6609 Danville Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Carmel Date: Dec. 16 38

19. UNDERTAKER (Address): Thos G. Connelly Sons Inc Md.

DEC 13 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938 to Dec. 13, 1938

I last saw him alive on Dec. 13, 1938 Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Sarcoma	
Other contributory causes of importance: Intestinal Obstruction	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify,

(Signed) H. H. Whitehurst, M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52926

CERTIFICATE OF DEATH

× 131 F 52926

1. PLACE OF DEATH West Baltimore Gen'l Hosp.

Registered No.

CITY OF BALTIMORE: (No. St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Glover

If U. S. Veteran specify WAR

(a) Residence: No. Turners Station, Randall St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mn.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 22-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Steubenville Ohio

FATHER

13. NAME Wm Glover

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eliz Hildebrandt

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Robert Glover

(Address) Turners Station

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 12/14 1938

19. UNDERTAKER John S. Connolly

(Address) Essex, Md.

20. Filed DEC 13 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1938, to Dec 11, 1938

I last saw h[illegible] alive on Dec 11, 1938 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Glomerular Nephrit	
Bronchopneumonia (Terminal)	

Other contributory causes of importance:

Arteriosclerosis

Atrophic cirrhosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. O'Leary M. D.

(Address) N. B. S. H.

Spec—12-23-21—E.R.R.S.—400 Bks.

F 52927

F 52927 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1637 N. Calvert St. 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Conner

(a) Residence No. 1637 N. Calvert St. St., Ward No Her Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~, Married, ~~Widowed, or Divorced~~ (Write the word): Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or) WIFE of~~: Mary B. Conner

6-DATE OF BIRTH (month, day and year): Mar 27th 1870

7-AGE: 68 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter 00 13

(c) Name of employer: Voluntary Base

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: C Conner

11-BIRTHPLACE OF FATHER (city or town) (State or Country): "

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): "

14-(Informant): Mary B. Conner

(Address): 1637 N. Calvert St

15-Filed DEC 14 1938 By: Huntington Williams (Registrar)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 12. 1938

17- I HEREBY CERTIFY, That I attended deceased from ....., 1930 to Dec. 12, 1938, that I last saw him alive on Dec. 12, 1938 and that death occurred, on the date stated above, at 7.45P m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Edgar M. Burke, M. D.

10/13, 1938 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Dec. 14, 1938

20-UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

O.K. Paul Schwabe Mgr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52928 F 52928

CERTIFICATE OF DEATH

V 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Susan Scott

If U. S. Veteran, specify WAR .....

(a) Residence: No. 714 Woodbourne ave St., ... Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widowed

5a. If ~~single~~, ~~married~~, ~~widowed~~, or ~~divorced~~, HUSBAND of (or) WIFE of Frank A. Scott

6. DATE OF BIRTH (month, day, year) Feb 6th 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92 yrs	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lee (Joseph)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mahalia Dawson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Harry Scott

(Address) 714 Woodbourne ave Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Can Va. Church Factory Date Dec 15th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St Paul st

20. DEC 14 1938 Huntington Hillis Registrar

GAG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1938 to Dec 18 1938

I last saw h[er] alive on Dec 13 1938 Death is said to have occurred on the date stated above, at 2.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Hip (left)	
Uremia	
generalized arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-4 1938

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall on floor

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard W Jones M. D.

(Address) Church Home & Infirmary

V9 3

52929

HEALTH DEPARTMENT—CITY OF BALTIMORE

52929

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Windsor Avenue St. 15-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth V. Davis

(a) Residence: No. 2327 Windsor Avenue St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest J. Davis

6. DATE OF BIRTH (month, day, year) February 17th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County, Md.

FATHER

13. NAME Mortimer Dorsey

14. BIRTHPLACE (city or town) (State or country) Howard County, Md.

MOTHER

15. MAIDEN NAME Sallie J. Compston

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Elizabeth A. Jordan

(Address) 2327 Windsor Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 15th, 19 38

19. UNDERTAKER W. J. Tielmer & Sons

(Address) North Pierce Ave.

20. FILED DEC 14 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-28-38, 19..., to 12-12, 1938

I last saw her alive on 12-9, 1938. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris — Date of onset 12-12-38

Other contributory causes of importance:

arterial hypertension, arteriosclerosis, cardiac hypertrophy, dilatation - aorta insufficiency

Was an operation performed? no If so, date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D. McCarty M. D.

(Address) 37 W. Preston St

52930 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52930

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Pressman St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martin J. Spalding

(a) Residence: No. 2825 Pressman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Bernadette Welty Spalding

6. DATE OF BIRTH (month, day, year) Mar. 17, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littlestown, Pa.

FATHER

13. NAME James A. Spalding

14. BIRTHPLACE (city or town) (State or country) Littlestown Pa

MOTHER

15. MAIDEN NAME Agnes Flemer

16. BIRTHPLACE (city or town) (State or country) Littlestown Pa

17. INFORMANT Mr. Frank Spalding

(Address) Mt. Wilson Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Dec 15. 1938

19. UNDERTAKER Loring Boyce

(Address) 3312 Pennsylvania Ave Baltimore Md

DEC 14 1938

(Signature) Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1938 to Dec. 13, 1938

I last saw h~~im~~ alive on Dec. 10, 1938. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio. Vascular Disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. G. Bowman M. D.

(Address) 2340 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

52931 — 52931

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N. CAROLINE STREET St., 5-1 Ward)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME KATIE VIEWEG

(a) Residence: No. 432 N. CAROLINE STREET St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLES H. VIEWEG

6. DATE OF BIRTH (month, day, year) AUG. 27, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	3 2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE
(State or country) MARYLAND

FATHER

13. NAME ANDREW LUTZ

14. BIRTHPLACE (city or town) .....
(State or country) GERMANY

MOTHER

15. MAIDEN NAME BARBARA ?

16. BIRTHPLACE (city or town) .....
(State or country) GERMANY

17. INFORMANT JOHN VIEWEG
(Address) 1755 MONTPELIER STREET

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN Date DEC. 15, 1938

19. UNDERTAKER John Ullrich
(Address) 2107 Allison St

20. FILED ..... 19 .....

DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1938 to Dec 13, 1938

I last saw h.. alive on Dec. 12, 1938. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance: Acute heart failure.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Dchmidt M. D.

(Address) 701 N. Kenwood Ave

52932 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52932

CERTIFICATE OF DEATH

10983 JS

Registered No. 10-2 10 7 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Joseph Simpson

(a) Residence: No. 1228 E. Madison St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Rebecca

6. DATE OF BIRTH (month, day, year) 2-17-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co. (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 12-15- 19 38

19. UNDERTAKER Bryson & Manning & Wright
(Address) 2 E Lanvale St

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to December 10 1938

I last saw him alive on December 10, 1938. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-7-38
Other contributory causes of importance: Uremia Chronic Nephritis	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. De Kantzke, M. D.

(Address) Baltimore City Hospitals

VS 8

DEC 14 1938

52933

HEALTH DEPARTMENT—CITY OF BALTIMORE

52933

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ella Johnson

(a) Residence: No. 1010 Low St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Johnson

6. DATE OF BIRTH (month, day, year) July 18, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Ross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Wallace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas Bowen

(Address) 1010 Low.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 12-15- 1938

19. UNDERTAKER Peter Wm. & Wm. H. Wright

(Address) 1211 Mt Calvary St

20. FILED 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Internal Injury	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, homicide or suicide? Dec. 12, 1938 Date of injury, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Orleans St at Forrie St

Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Carlin M. D.

(Address) 2751 Wms Coroner

OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE F52934

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hospital Ward) 23-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Schulze

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Sharp St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Schulze

6. DATE OF BIRTH (month, day, year) June 15, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Confectionery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Store for Self

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME John Hubschamm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss M. Edwina Schulze

(Address) 1200 Sharp St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Dec. 15, 1938

19. UNDERTAKER H. Howard Strong

(Address) 715 Light St.

20. FILED [illegible] Registrar.

DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) but that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. Littman, M. D. Coroner

(Address) 1304 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52935

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH — Morrell Park

CITY OF BALTIMORE: (No. 1713 Spence St. 25-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Arthur E. Miller — If U. S. Veteran specify WAR .....

(a) Residence: No. 1713 Spence St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Elizabeth Miller

6. DATE OF BIRTH (month, day, year) — Oct. 4, 1871

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — C. J. Leedy & Co.

10. Date deceased last worked at this occupation (month and year) — Dec. 5 Yr. Ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

FATHER

13. NAME — Stephen M. Miller

14. BIRTHPLACE (city or town) (State or country) — Glasgow Scotland

MOTHER

15. MAIDEN NAME — Mary Friedhofer

16. BIRTHPLACE (city or town) (State or country) — Washington, D.C.

17. INFORMANT — Mrs. Elizabeth Miller
(Address) 1713 Spence St.,

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Dec. 17, 1938

19. UNDERTAKER — G. Howard Kroeg
(Address) 715 Light St.,

20. FILED ... 19... [illegible] Registrar.

DEC 14 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Dec. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9/38, 19... to Dec 13/38, 19...
I last saw h[illegible] alive on Dec 13/38 19... Death is said to have occurred on the date stated above, at 8.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	July 9/38
Other contributory causes of importance: Oedema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Tony Bikoff M. D.

(Address) 1713 Light St.

52936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52936

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Guldberg

(a) Residence: No. 2706 Westwood Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Guldberg

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Guldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Dora Guldberg

(Address) 2706 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Blvd. Date 12-14 1938

19. UNDERTAKER Edgar Keyser Inc

(Address) 1439 S. Bond St

20. FILED DEC 14 1938 Registrar Washington Millionaire, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12- 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Rhenlen M. D.

Coroner

(Address) Coron

OCCUPATION is very important. See instructions on back of certificate.

2937

HEALTH DEPARTMENT—CITY OF BALTIMORE

52937

39757JS

CERTIFICATE OF DEATH

82-6

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Belto. City Hospt. St., 9-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Giuseppe [illegible] D'Angelo

If U. S. Veteran specify WAR

(a) Residence: No. 639 E. 30th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) 7-?-1852 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) B. C. H. records

18. BURIAL, CREMATION, OR REMOVAL Holly Redener Date 12-15-38

19. UNDERTAKER (Address) Jack Luzo Inc 1439 E. Belto st

20. FILED Registrar

DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12 1938

22. I HEREBY CERTIFY, That I attended deceased from December 7 1938 to December 12 1938

I last saw him alive on December 12 1938. Death is said to have occurred on the date stated above, at 10-15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12-7-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. De Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

52938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52938

CERTIFICATE OF DEATH

✓ 82-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 Hayward Ave St., 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Williams

If U. S. Veteran specify WAR

(a) Residence: No. 3716 Hayward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie Williams

6. DATE OF BIRTH (month, day, year) Nov 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mollie Williams
(Address) 3716 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Dec 15, 1938

19. UNDERTAKER Roth & B. M. Walter
(Address) Pratt & Stricker Sts

DEC 14 1938

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 38 to Dec 13 19 38

I last saw him alive on Dec 12 19 38. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Asthenia following Senility
Cerebral softening.
Hypostasis

Date of onset

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Donald D. Mitchell M. D.

(Address) 2151 Walbrook Ave

52939

HEALTH DEPARTMENT—CITY OF BALTIMORE

52939

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Gray (39613) If U. S. Veteran specify WAR

(a) Residence: No. 114 Welcome Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Dean

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 12/17/38 19

19. UNDERTAKER Isaac L Brown
(Address) 108 N Montgomery St

20. FILED Dec 17 1938 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1938 to December 8, 1938

I last saw her alive on December 8, 1938 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov 1938
Other contributory cause of importance:	
arteriosclerosis, general	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L M Curtis M. D.
(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V8 3

DEC 14 1938

52940

HEALTH DEPARTMENT—CITY OF BALTIMORE

52940

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Lauriston Court E-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James E. Gross

If U. S. Veteran specify WAR

(a) Residence: No. 14 Lauriston Court Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sydelia Gross

6. DATE OF BIRTH (month, day, year): Feb 11 - 1866

7. AGE: Years 72 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Old Age Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: $20.00

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Marys County Md

FATHER

13. NAME: Henry Gross

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Anne Butler

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Rosemary Gyssel (Address): 1606 Abbott St

18. BURIAL, CREMATION, OR REMOVAL: Place St Mary's St Peters Date Dec 15 1938

19. UNDERTAKER: Joseph B. Locke Jr. (Address): 1130 N. Central Ave.

20. FILED: Huntington Williams M.D.

DEC 14 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12 1938

I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Dec 12 1938

I last saw h alive on Dec 12 1938 Death is said to have occurred on the date stated above, at 5:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about Oct 1938
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state fully

(Signed) George S. Allen M. D.

(Address) 50 Lexington St

52941

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 52941

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH
CITY OF BALTIMORE: Good Shepherd General Hospital Ward 13-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Steadman

If U.S. Veteran specify WAR .....

(a) Residence: No. 1605 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: Ed
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Maria

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years 53 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Orangeburg S C

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Luther Steadman
(Address) 1703 Edmonson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Fort Auburn Date 12/14 38

19. UNDERTAKER: Thomas E. Kelson
(Address) 1638 Freedman

20. FILED: Huntington Williams, Dep

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12th 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1938 to Dec 11 1938

I last saw h[illegible] alive on Dec 11 1938 Death is said to have occurred on the date stated above, at 7 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	7
	1

Other contributory causes of importance: Chronic Nephritis (Chronic interstitial)

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. B. Hughes M. D.
(Address) 1413 Druid Hill Ave

52942

HEALTH DEPARTMENT—CITY OF BALTIMORE

52942

CERTIFICATE OF DEATH

JS 94-0

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto, City Hospt. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John March

If U. S. Veteran specify WAR

(a) Residence: No. 42 West St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tulip

6. DATE OF BIRTH (month, day, year) 3-11-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Philip

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carolyn Hill

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Dec. 14 In 1938

19. UNDERTAKER F. Schlosnagle & Son

(Address) 1854 Hanover St.

20. FILED DEC 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to December 11, 1938

I last saw him alive on December 11, 1938 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12-11-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. De Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

52943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52943

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Smallwood St. 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa R. Rowles

If U. S. Veteran specify WAR

(a) Residence: No. 326 S. Smallwood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew D. Rowles

6. DATE OF BIRTH (month, day, year) Apr. 17 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hummel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Gesell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew D. Rowles

(Address) 326 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date I2-I4 1938

19. UNDERTAKER Frederick A. Cole

(Address) 1200 N. Lombard St.

20. FILED , 19 Registrar.

DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1- 38, to Dec 12, 1938

I last saw her alive on Dec 11, 1938 Death is said to have occurred on the date stated above, at 3-30 p.m.

The principal cause of death and related causes of importance are as follows:

Hypostatic Congestion
Lobar Pneumonia Terminal
Embolism

Date of onset

Other contributory causes of importance:

Pulmonary Oedema

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert L. Nash, M. D.

(Address) 287 Wilkins Ave

USE CAUSE OF DEATH in plain words, and state OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52944 52944

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH Bon Secours Hospital Registered No.

CITY OF BALTIMORE: (No. 20-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mable L. Sparhawk If U. S. Veteran specify WAR

(a) Residence: No. 18 Wheeler Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Sparhawk

6. DATE OF BIRTH (month, day, year) Jan 13, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ezekiel P. Leighton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Maggie Gardiner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John H. Sparhawk (Address) 18 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 12-15-38

19. UNDERTAKER Frederick A. Cole (Address) 1200 E. Lombard St

20. FILED Huntington Williams, Registrar.

DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1938 to 12-12 1938.

I last saw her alive on Dec. 12 - 1938. Death is said to have occurred on the date stated above, at 2 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary thrombosis	
Other contributory causes of importance:	
Chr. myocarditis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lee A. Daniel M.D. M. D.

(Address) Bon Secours Hospital

State OCCUPATION is very important. See instructions on back of certificate.

52945

HEALTH DEPARTMENT—CITY OF BALTIMORE

52945

CERTIFICATE OF DEATH

√ + 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp St. 9-9 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Blanche E. Pattison

(a) Residence: No. McPherson Sta. Odenton St., Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of George I. Pattison

6. DATE OF BIRTH (month, day, year) Born Jan 10 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Pleasant Pa

FATHER

13. NAME Lawrence

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

MOTHER

15. MAIDEN NAME Lavetta Hanna

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

17. INFORMANT Geo I. Pattison

(Address) Mt Pherson Station

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 12/14/38

19. UNDERTAKER Leonard A. Greene & Co

(Address) 21 W. 23d St. Baltimore, Md.

20. FILED ... Registrar.

DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-38

22. I HEREBY CERTIFY, That I attended deceased from 12-10-38, 19..., to 12-11-38, 19... I last saw h... alive on 12-11-38, 19... Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis c Uremia.	12-6-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Tunnicliff, M. D.

(Address) St. Joseph's Hosp.

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 52946

F 52946 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Barclay St., 17-5 ~~23~~ Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William James Shephard If U.S. Veteran specify WAR World War

(a) Residence: No. 1800 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~late Wife of~~ Olive Orlena Shepherd

6. DATE OF BIRTH (month, day, year) Nov 28th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sand Blaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. Kittel & Son

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME James Shepherd

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Emma Mayhew

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Olive O. Shepherd
(Address) 1800 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL Arlington Va. National Cemetery Date Dec 16th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED DEC 14 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1938 to Dec. 13 1938

I last saw him alive on Dec. 13 1938 Death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1938
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip D. Flynn M. D.

(Address) 423 E. North Ave

state CAUSE OF DEATH in plain terms so that it may be properly classified. Name occupation of OCCUPATION is very important. See instructions on back of certificate.

52947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52947

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 E. North Ave. St. 8-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Koehler

If U. S. Veteran specify WAR

(a) Residence: No. 2420 E. North Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Koehler

6. DATE OF BIRTH (month, day, year) Sept 1865

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
64	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Enamel & Stamping Co

10. Date deceased last worked at this occupation (month and year) 12/38

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Frederick Koehler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Richards

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie W. Schmidt

(Address) 918 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 15-38

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

20. FILED DEC 14 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-10- 1938 to 12-12- 1938

I last saw him alive on 12-12 1938 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Hypertension	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Gould M. D.

(Address) 14 N. Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

V8 3

52948 F 52948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Warner St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (specify WAR)

2. FULL NAME Bernhard Rodler

(a) Residence: No. 1208 Warner St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Rodler

6. DATE OF BIRTH (month, day, year) Dec. 21, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron ornamental Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Rodler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Rodler
(Address) 1208 Warner

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12-16 1938

19. UNDERTAKER Bernard C. Harder
(Address) 121 E West St
Huntington, Indiana

DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chas L. Litton M. D.
Coroner
(Address) 1304 E. Lexington St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52949

52949

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Neal

(a) Residence: No. 2524 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Julia Neal

6. DATE OF BIRTH (month, day, year): May 11/95

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Robert Neal

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Bettie Young

16. BIRTHPLACE (city or town) (State or country): Culpepper Va

17. INFORMANT (Address): Julia Neal 2524 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Arbutus Memorial Date: Dec 17, 1938

19. UNDERTAKER (Address): Mrs Katie R Williams 322 N Schroeder St

20. FILED ..... 19 ..... Registrar.

DEC 14 1938

State CAUSE OF DEATH in plain terms, and not by use of symptoms or mode of dying. See instructions on back of certificate.
OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10-38 19.. to 12-13 1938

I last saw ~~him~~ alive on 12-13-1938 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriolo sclerosis - Hypertension	
Cardiac Hyp.	
Chr. Interstitial Nephritis	?
Other contributory cause of importance: Uremia	12-7-38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. T. Maloney M. D.

(Address) Provident Hospital

F 52950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52950

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 462 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjamin Hall If U. S. Veteran specify WAR

(a) Residence: No. 324 Diamond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Hall

6. DATE OF BIRTH (month, day, year): April 10-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brunswick Germany

FATHER

13. NAME: Joseph Hall

14. BIRTHPLACE (city or town) (State or country): Brunswick Germany

MOTHER

15. MAIDEN NAME: Agnes Jones

16. BIRTHPLACE (city or town) (State or country): Brunswick Germany

17. INFORMANT: Maggie Parran (Address) 324 Diamond St.

18. BURIAL, CREMATION, OR REMOVAL: Place: Laurel Cemetery Date: Dec 14, 38

19. UNDERTAKER: Mrs Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED DEC 14 1938 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 13, 19 38

22. I HEREBY CERTIFY, That I took charge of the (remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

Attended to said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	[illegible]
Other contributory causes of importance: Arterio-Sclerosis, senile	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 52951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Valley St., W-1 Ward)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. French

If U. S. Veteran specify WAR .....

(a) Residence: No. 1024 Valley St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna V. Lyerly French

6. DATE OF BIRTH (month, day, year) July 29, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ballo City Stor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept. Clerk

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward J. French

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Bridget Callan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Thomas F. French | Son
(Address) 1024 Valley St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cemetery, Harford Rd. Dec. 16, 1938

19. UNDERTAKER Chas. W. Conklin & Son
(Address) 924 Fagan St.

20. FILED DEC 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1938, to Dec 12, 1938.

I last saw him alive on Aug 11, 1938. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endo - Myocarditis	?
Coronary Thrombosis 2 attacks - 1st 8/3/38 - 2nd	12/11/38

Other contributory causes of importance:

Generalized arterio-sclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William R. Grayley M. D.

(Address) 10 E. Biddle St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52952

HEALTH DEPARTMENT—CITY OF BALTIMORE

52952

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth 60 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alexander D. Vetter

(a) Residence: No. 2218 Easton Place St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Berda Nee Heilner

6. DATE OF BIRTH (month, day, year): 3-17-1873

7. AGE: Years 65 | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hannah Latvia

FATHER

13. NAME: George A. E. Vetter

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Anna R. Lehner

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: M. Isaac Siegel

(Address): New York City

18. BURIAL, CREMATION, OR REMOVAL: New York Date 12-15-38

19. UNDERTAKER: Jack Lewis Inc.

(Address): Huntington Williamsport, Pa.

20. FILED DEC 14 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938, to Dec 13, 1938

I last saw him alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/1/38
Cardio-Vascular Collapse	"
Postoperative Pneumonia	
Other contributory causes of importance: Acute Cholecystitis with Chol-angitis no	4 days

Was an operation performed? Yes Date of Nov 30, 1938

For what disease or injury? Acute Cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Markin M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52953

CERTIFICATE OF DEATH

46-F F 52953

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 Diamond St. 11 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ___

2. FULL NAME Henry Page

(a) Residence: No. 318 Diamond St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 8 mos | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY DENTAL SCHOOL Date DEC 14 1938, 19

COMMISSIONER OF HEALTH

19. UNDERTAKER

(Address) Per H. A. Moore

DEC 14 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence, (Inquest, Autopsy, Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy, Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia - Coma	2 days
Other contributory causes of importance: Carcinoma of Stomach	5 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 2360 Eutaw Place

V 56

4278

information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52954

HEALTH DEPARTMENT—CITY OF BALTIMORE

52954

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 W. Eden St. St. 10-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Nichols Miguel

(a) Residence: No. 1006 W. Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antone Miguel

6. DATE OF BIRTH (month, day, year) Sept. 17, 1864 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Levin Nichols

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Henrietta Nichols

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Gwendolyn Nichols (niece)

(Address) 1006 W. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec. 15 1938

19. UNDERTAKER Robert L. Young

(Address) 804 W. Carolines St.

Huntington Williams Mort Registrar

FILED DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1938, to Dec 12, 1938

I last saw h. alive on Dec 12, 1938. Death is said to have occurred on the date stated above, at 3:05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis (Uremic manifestations)	3 yrs
Other contributory causes of importance: Mitral insufficiency Edematous uterus (unspecified)	3 yrs ?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. L. Young M. D.

(Address) 1424 E. Monument St

State CAUSE OF DEATH in plain terms, so that it may be given a correct OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52955 CERTIFICATE OF DEATH CGR--36961 F 52955

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-5-6 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Preston Carson

(a) Residence: No. 1604 Chesapeake Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alverta

6. DATE OF BIRTH (month, day, year) 9-6-07

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	31	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER FATHER

13. NAME Abner Carson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mattie Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Dec. 15 1938

18. UNDERTAKER Mrs. George E. Holland
(Address) 1631 Division St. & W. Ave.
Huntington Williams, Hyt

DEC 14 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1938, to December 11, 1938.

I last saw him alive on December 11, 1938. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Sept. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Santelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement should be complete. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52956

CERTIFICATE OF DEATH

94-B F 52956

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Francis St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Redding

If U. S. Veteran specify WAR

(a) Residence: No. 2541 Francis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Redding

6. DATE OF BIRTH (month, day, year) Dec 11th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 2/11/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Alfred Buckingham

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Yingling

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John F. Redding
(Address) 2541 Francis St

18. BURIAL, CREMATION, OR REMOVAL
Interment Carroll Co Cemetery Date Dec 16th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED DEC 14 1938 Lynton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1938, to Dec. 13th, 1938.

I last saw her alive on Dec. 3rd, 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elbert Reitz M. D.

(Address) 2275 Reisterstown Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52957

HEALTH DEPARTMENT—CITY OF BALTIMORE

52957

CERTIFICATE OF DEATH

161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital — Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES FREDERICK MEREDITH JR. If U. S. Veteran specify WAR

(a) Residence: No. CARDOVER MD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 28 - 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME JAMES FREDERICK MEREDITH

14. BIRTHPLACE (city or town) CARDOVER, MD. (State or country)

MOTHER

15. MAIDEN NAME KATHERINE GODWIN

16. BIRTHPLACE (city or town) MARYLAND (State or country)

17. INFORMANT T. E. MEREDITH

(Address) CARDOVER, MD.

18. BURIAL, CREMATION, OR REMOVAL

Place Five Point, Md. Date 12/14/ 1938

19. UNDERTAKER E. D. Fanning & Son

(Address) 1938 E. Lafayette Ave.

20. FILED DEC 14 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1938 to December 13, 1938

I last saw him alive on December 13, 1938. Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
[redacted]	
Hemorrhage Duodenal Ulcer	11/28/38
Jaundice	
Other contributory causes of importance:	

Was an operation performed? no! Date of —

For what disease or injury? [redacted]

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52958

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr. Valentine's

52958

CERTIFICATE OF DEATH

94-W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5500 Rennul ave St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Fred'k. Becker

If U. S. Veteran specify WAR

(a) Residence: No. 5500 Rennul Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Emma Geiwitz

6. DATE OF BIRTH (month, day, year) Oct. 6th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Julius Becker

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Lottie Warmoneave

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs Emma Becker

(Address) 5500 Rennul Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date 12/15 1938

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette ave

20. FILED ... 19...

DEC 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 10 1937 to Decbr 12 1938

that I last saw ~~him~~ alive on Decbr 12 1938 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina - Pectoris	1½ years
Other contributory causes of importance: Arteria - Sclerosis	2

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.

(Address) 2 N. Howard

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52959

CERTIFICATE OF DEATH

137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Oakley Ave St. 27-17 Ward)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles A Solomon

(a) Residence: No. 3109 Oakley ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret A Solomon

6. DATE OF BIRTH (month, day, year) Feb 3rd 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Hardware

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Solomon

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Schuster

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Solomon (Address) 3109 Oakley Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Dec 16 1938

19. UNDERTAKER Geo A Schilling & Co (Address) 1417-19 Pennsylvania Ave

20. FILED DEC 15 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23 - 1938 to Dec 13, 1938

I last saw h.. alive on Dec 12 1938. Death is said to have occurred on the date stated above, at 8.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	12/13/38
b Pyelo - nephritis	April 23 '38
Other contributory causes of importance: (Chronic - Thrombo phlebitis - following prostatectomy (Aug 18, 1938).	

Was an operation performed? yes Date of Aug 18-1938

For what disease or injury? Enlarged Prostate

Name of operation Prostatectomy (Ely Proc)

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Louis E Krumeich, M. D.
(Address) 722 N. Haywood Ave

Important: Items must be filled in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

1933

and cause of Thrombo phlebitis - in L arm Septic emb also in left jugular - while in hospital (Aug 18 to Nov 12).

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52960

CERTIFICATE OF DEATH

131

Registered No. F 52960

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Dorchester Road St. 15-11 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leila Whittington Ball

If U. S. Veteran specify WAR

(a) Residence: No. 3307 Dorchester Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Fred Ball

6. DATE OF BIRTH (month, day, year) November 22, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	-	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph Whittington

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Frances Spiker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. J. Fred Ball
(Address) 3307 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Cemetery Date Dec. 15 38

19. UNDERTAKER [illegible]
(Address) 1093 N. Baltimore St.

20. FILED DEC 14 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Dec 13, 1938

I last saw her alive on Dec 12, 1938. Death is said to have occurred on the date stated above, at 7.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	3 yrs ago
Arteriosclerosis	3 yrs ago
Cardiac hypertrophy	
Other contributory causes of importance:	
Chronic nephritis	1 year
Uremia	2 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ruth Sherry, M. D.

(Address) 3403 Forest Park Ave.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 52961

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52961

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 Wilkens Ave. Ward)

Length of residence in city or town where death occurred 3 yrs 5 mos. 5 ds. How long in U. S. If of foreign birth? 3 yrs mos. ds.

2. FULL NAME Lillie E Waltemyer

(a) Residence: No. 2239 Wilkens Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U S Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow of Herman Waltemyer

6. DATE OF BIRTH (month, day, year) Feb 1 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Daniel Webster Snyder

14. BIRTHPLACE (city or town) (State or country) Shiptown Va.

MOTHER

15. MAIDEN NAME Katherine Ruppenberger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Daniel Webster Snyder
(Address) 2239 Wilkens Av.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date 12/15 38

19. UNDERTAKER John B Kenny
(Address) 1242 Reads Ter, Balto

20. FILED DEC 1 1938 Clinton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Dec 11, 1938

I last saw h alive on Dec 11, 1938 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Dut. Nephritis.	1 yr

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dudley Horton, M. D.

12/13/38 (Address) 688 Mondawmin

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52962

CERTIFICATE OF DEATH

75 F 52962

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear 1910 Brunt St. 14th Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unknown

(a) Residence: No. Rear 1910 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran
(Specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT City Morgue
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 14 1938
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address) Per H. A. Moore Huntingtown Williams, Nytt

20. FILED DEC 14 1938 Registrar 4479

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Nagel M. D.
Coroner

(Address) 12 E. Fayette St.

Use ink in plain terms, so that every item may be clear. Every question must be answered. See instructions on other certificate.

F 52963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52963

CERTIFICATE OF DEATH

93-c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Virginia Ave. St. 27-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Counsal

If U. S. Veteran specify WAR .....

(a) Residence: No. 3127 Virginia Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob B. Counsal

6. DATE OF BIRTH (month, day, year) Sept 27-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	2	16	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown

FATHER

13. NAME John H. Leaf

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A. Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary E Parke
(Address) 3127 Virginia Avenue

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date DC-16 38

19. UNDERTAKER H. D. Marshall
(Address) 3539 Falls Road

20. FILED ..... 19.....

DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1936 to Dec. 13, 1938

I last saw her alive on Dec 12 1938. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Mar. 1936
Other contributory causes of importance: General Arteriosclerosis	4 yrs ago

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James S Ashcraft M. D.

(Address) 1012 Park Heights Ave

information should be carefully supplied. AGE should be stated IN YEARS. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52964

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Alice Winter

If U. S. Veteran specify WAR

(a) Residence: No. 737 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John H. Winter

6. DATE OF BIRTH (month, day, year) July 9 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Brokaw

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mr. John F. Winter

(Address) 737 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Winter Place New Windsor Md Date 12/15 1938

19. UNDERTAKER John J. Cowan & Son

(Address) 1901 Hollins St.

20. FILED DEC 14 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-38

22. I HEREBY CERTIFY, That I attended deceased from 10-7-38 to 12-12-38

I last saw her alive on 12-12-38 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with General Involvement	
Other contributory causes of importance:	

Was an operation performed? yes Date of 10-13-38

For what disease or injury?

Name of operation Abdominal Exploratory

What test confirmed diagnosis Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Geo. H. Bramble M. D.

(Address) Bon Secours Hosp.

information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 52965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52965

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. 6 E 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lottie Cole

(a) Residence: No. 219 N Montford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, RUSBAND of (or) WIFE of: Lewis Cole

6. DATE OF BIRTH (month, day, year): Oct 15-1878

7. AGE: Years 60 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Samuel Thompson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Lewis Cole

(Address) 219 N Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 12/16 38

19. UNDERTAKER: Cary Fry Sanders

(Address) 413 E. Preston St

DEC 14 1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

hw

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hyperplasty	Dec 12 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 500 Park Ave

V 8 6

R. H.—WRITE PLAINLY with pen and ink. Use typewriter if possible. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52966

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Washburne Ave. St., 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rachael Olive Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 337 Washburne Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Clark

6. DATE OF BIRTH (month, day, year) May 13 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Glass

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Alice Clark

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Arthur Clark

(Address) 337 Washburne

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12/14/38

19. UNDERTAKER I. Frew 1711 Cully

(Address) 130 E. Fort Ave.

20. FILED ..... 19 ..... Wm. Hillegeist, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1938 to 12/13, 1938

I last saw her alive on 12/13, 1938 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	
Nephrolithiasis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Samuel Gutin, M. D.

(Address) 203 Calaveras ave

N. B.—WRITE PLAINLY. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WILLIAM R. WALZL

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52967

CERTIFICATE OF DEATH

59 F 52967 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 27-7 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Wm R Walzl

If U. S. Veteran specify WAR

(a) Residence: No. 281 Berwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Lucas 1897

6. DATE OF BIRTH (month, day, year) Mar 30 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Louis Walzl

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Edna C.

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Edna Walzl
(Address) 281 Berwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 15 1938

19. UNDERTAKER Fred Weidefeld
(Address) 710 Grindon Ave

20. FILED DEC 14 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-38 19

22. I HEREBY CERTIFY, That I attended deceased from 12-10-38 19 to 12-11-38 19

I last saw him alive on 12-11-38. Death is said to have occurred on the date stated above, at 8:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma due to Diabetis Mellitus	12-9-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. R. Tennyson M. D.

(Address) St. Josephs Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52938 — CERTIFICATE OF DEATH — 114 B F 52938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. Mullen

If U. S. Veteran specify WAR ...

(a) Residence: No. 1108 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Eva M. Mullen

6. DATE OF BIRTH (month, day, year) Sept. 21, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept. 603

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Wm. H. Mullen

14. BIRTHPLACE (city or town) (State or country) Alexandria Va.

MOTHER

15. MAIDEN NAME Grace Rutherford

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Natl Cem Date Dec 15 1938

19. UNDERTAKER Jos. Mus. John W. Teufel & Son
(Address) 801 W. Fayette St

20. FILED DEC 14 1938 Washington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938 to Dec. 11, 1938

I last saw him alive on Dec. 11, 1938 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

Lung abscess — Date of onset July 28, 1938
Infection as Pneumonia — 1932
Metastatic Brain abscesses — 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 5, 1938

For what disease or injury? Lung abscess

Name of operation Thoracotomy

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. F. Luss, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. If unknown, or if the question is not applicable, state the fact. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52969 F 52969

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 E. Birckhead St., 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Floyd

If U.S. Veteran (specify WAR) World

(a) Residence: No. 33 E. Birckhead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Floyd

6. DATE OF BIRTH (month, day, year) Sept. 28, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed-Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph E. Floyd

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary E. Cambridge

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mary E. Floyd (Wife)
(Address) 33 E. Birckhead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Nat'l. Cem. Date 12/16/38

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 S. Charles St.

20. FILED DEC 14 1938 Huntington Williams M.D. Registrar

T S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/ 13/ , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Nigel Fittan, M. D.
Coroner

(Address) 1304 E. Oak

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

52970

HEALTH DEPARTMENT—CITY OF BALTIMORE

52970

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Morris

If U. S. Veteran specify WAR

(a) Residence: No. Marlborough Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Morris

6. DATE OF BIRTH (month, day, year) Nov 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

FATHER

13. NAME Samuel Morris

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fanny Marks

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Addie Morris (Address) Marlborough Apts

18. BURIAL, CREMATION, OR REMOVAL Place Harrisburg Pa. Date Dec 15 1938

19. UNDERTAKER Wm. D. Reisner & Sons (Address) Harrisburg Pa.

DEC 15 1938 Harrisburg Pa. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938 to December 14 1938

I last saw him alive on December 14, 1938 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	
Other contributory causes of importance: Pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Bl. culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Willard Cole, M. D.

(Address) Sinai Hospital

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. If less than one year state AGE in months, days or hours. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52971

CERTIFICATE OF DEATH

COK16142

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-1 Ward) 1919

Registered No. 46-F

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Strickland

If U. S. Veteran specify WAR

(a) Residence: No. 111 N. Schroeder St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 4-20-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	83	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

FATHER

13. NAME Percy Allen

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Dec 15 1938

19. UNDERTAKER Archibald A Gladden
(Address) 2106 Mc Culloh St.

DEC 15 1938 19 ... Baltimore, Md.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938 to December 12, 1938

I last saw him alive on December 12, 1938. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess (post pneumonic)	Nov. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. de Lautelle M. D.

(Address) Baltimore City Hospitals

VS 9

If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 52972

14-3 ✓ 167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Hollins St., Ward)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Frances Beelat

If U. S. Veteran specify WAR

(a) Residence: No. 1308 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Adam Beelat

14. BIRTHPLACE (city or town) (State or country) Lith.

MOTHER

15. MAIDEN NAME Veronica Yandgis

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Joseph Beelat

(Address) 1445 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12 1938

19. UNDERTAKER Joseph Fogarty Jr

(Address) 610 Washington Blvd

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Gunshot wound of temple (Suicidal) (Suicide)	12/14

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/14 1938

Where did injury occur? 1308 Hollins St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury shot self with pistol

Nature of injury Compound fracture skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W Hamm Jr M. D.

(Address) 182 W Baltimore St Coroner

DEC 15 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Gibson

F 52973

52973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cyrus A. Gibson

(a) Residence: No. 538 N Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Henrietta Gibson

6. DATE OF BIRTH (month, day, year): — 1864

7. AGE: Years 74 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Old Age Pension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Cyrus Gibson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: John H Curry

(Address) 1437 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Md Calvary Date 12/15/38

19. UNDERTAKER: H. C. Robinson

(Address) 1313 Fremont Ave

20. FILED 19 Registrar

DEC 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and view the remains. (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day and hour stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset about Nov 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Ellis M. D.

(Address) 507 Cathedral St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52974

HEALTH DEPARTMENT—CITY OF BALTIMORE

52974

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 5-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 15 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aggie Peguse (38969)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1106 E. Lexington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married,) Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Olen

6. DATE OF BIRTH (month, day, year) March 22, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Samuel Evans

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 12-15 19 38

19. UNDERTAKER Bryant Mamie Kat Knight
(Address) 2188 Pac & Cherry St

20. FILED ..... 19 .....
DEC 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1938 to December 10, 1938

I last saw her alive on December 10, 1938. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52975

CERTIFICATE OF DEATH

1107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.) 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna L. Sparley

(a) Residence: No. 2602 Lauretta Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-27-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Melvin E Sparley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anne L. Martin

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Melvin E Sparley
(Address) 2602 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 16 1938

19. UNDERTAKER John O Stilley
(Address) 2700 Edmondson Ave

20. FILED DEC 15 1938 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Bronchitis	24 hrs
Other contributory causes of importance: Broncho Pneumonia	1 week

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Michael A Abrams, M. D. Coroner

(Address) 360 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52976

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3039 Walbrook Ave. St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hart Gawthorp. Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 3039 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia S. Gawthorp.

6. DATE OF BIRTH (month, day, year) September 14. 18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk B & O R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation 1 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benjamin F. Gawthorp,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Annie E. Smith,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT R. Hart Gawthorp, Jr.

(Address) 2207 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date DEC 16 1938

19. UNDERTAKER Robert S. Little

(Address) 2700 Edmondson Ave.

20. FILED DEC 15 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 13 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from July 7/38. 19 to Dec. 13/38. 19

I last saw him alive on Dec 13, 1938 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Cerebral Hemorrhage	
+ paralysis	Dec 12/38
Other contributory causes of importance:	
arterio sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury? , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Plumhoff M. D.

(Address) 2220 Garrison Blvd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V83

F 52977

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52977

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Fairview Ave. St., 15-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia A. Denny

If U. S. Veteran specify WAR .....

(a) Residence: No. 3517 Fairview Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter L. Denny

6. DATE OF BIRTH (month, day, year) Jan. 24, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August Betz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Heine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Walter L. Denny
(Address) 101 Overhill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 16, 1938

19. UNDERTAKER Howard Strong
(Address) 715 Light St.

21. FILED DEC 15 1938, 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938 to Dec 13, 1938

I last saw h. alive on Dec. 9, 1938 Death is said to have occurred on the date stated above, at 2.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	? (1934)
Chronic Myocarditis	
Chronic Nephritis	
Other contributory causes of importance: Coronary Occlusion	Dec 7 (38)

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how? .....

(Signed) Lucius S. Fiske, M. D.

(Address) 918 N. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 52978 HEALTH DEPARTMENT—CITY OF BALTIMORE F 52978

CERTIFICATE OF DEATH ✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peggy Hilton or Peggy White

(a) Residence: No. 609 W. 22d St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20 / 38

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Personal Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Hilton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary E. Hill

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary E. Hill
(Address) 609 W. 22d St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec. 16 1938

19. UNDERTAKER Wm. H. Poole & Bro.
(Address) 227 W. Saratoga St.

20. FILED DEC 15 1938 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 9 1938 to December 13 1938

I last saw her alive on December 13 1938 Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug 1938
miliary tuberculosis	Nov. 1938
Tuberculous meningitis	Nov. 1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No (If so, specify)

(Signed) Joseph M. Geoly M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN AND INK. ... should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is also important. See instructions on back of certificate.

52979 HEALTH DEPARTMENT—CITY OF BALTIMORE 52979

CERTIFICATE OF DEATH CGK39770 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 24-1 Ward)
N B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Hornick

(a) Residence: No. 1401 Cooksie St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	N B

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-7-38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
6 days		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Bernard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adelaide Holley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place B C A Date 12-14-38

19. UNDERTAKER
(Address)

DEC 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1938, to 12-13, 1938.

I last saw him alive on 12-13, 1938. Death is said to have occurred on the date stated above, at 12:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
Other contributory causes of importance: Prematurity	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) a Brasfield M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 2

E 52980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52980

CERTIFICATE OF DEATH

1180

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hospital Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte C Meyer

If U. S. Veteran specify WAR

(a) Residence: No. 500 Rose Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard B Meyer

6. DATE OF BIRTH (month, day, year) Aug 23, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3 4	20 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jame E Chambers

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maud E Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alethea Id. Chambers

(Address) 2306 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Dec 16, 1938

19. UNDERTAKER Charles S. Black

(Address) 772 W. North ave.

20. FILED DEC 15 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Burned to death — Date of onset 12/13/38

Clothing take fire from lighting match

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~ Accident of injury 12/13, 1938.

Where did injury occur? 500 Rose Hill

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Clothing taking fire from match

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Johnat Crane, M. D.

Coroner

(Address)

V S 6

52981

HEALTH DEPARTMENT—CITY OF BALTIMORE

52981

CERTIFICATE OF DEATH

93-e

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5506 Harford Road St. 27-6 Ward)

Length of residence in city or town where death occurred Unknown mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Helen M. Lehr

(a) Residence: No. 5506 Harford Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Lehr

6. DATE OF BIRTH (month, day, year) Feb. 16th. 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) New York

FATHER
13. NAME Henry Rider
14. BIRTHPLACE (city or town) Unknown
(State or country) England

MOTHER
15. MAIDEN NAME Emelie Ailey
16. BIRTHPLACE (city or town) Unknown
(State or country) England

17. INFORMANT Mrs. Hugh J. Burton
(Address) 5504 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 12/17/38 19

19. UNDERTAKER Frederick Lassahn & Sons
(Address) 7401 Belair Road

20. FILED 19 Registrar

DEC 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1938 to Dec 14 1938.
I last saw her alive on Dec 14 1938. Death is said to have occurred on the date stated above, at 1.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Goudy M. D.
(Address) 5706 Harford Road

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful, supplied. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 52982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52982

CERTIFICATE OF DEATH

CGK--39538

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. life Ward) 16-F-82

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Blanche Thomas

(a) Residence: No. 1930 W. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Luther W. Thomas

6. DATE OF BIRTH (month, day, year) 5-25-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	79	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Daniker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 16, 1938

19. UNDERTAKER Wm. J. Tichner & Sons, Inc.
(Address) North & Fulton Aves.

20. FILED Huntington Williams, City Registrar
DEC 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1938, to December 13, 1938

I last saw her alive on December 13, 1938. Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12-1-38
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santville M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item should be filled in. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52983

CERTIFICATE OF DEATH

122-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) (Ward) 5 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Charles W. Hogan (Marie B.)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 Bishop Rd, Guilford Manor Sub Sta, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charles W. Hogan

6. DATE OF BIRTH (month, day, year) Oct. 22, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Boucher

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Frances Giles

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/14, 1938

19. UNDERTAKER Henry A. Myers & Son
(Address) 502 N. Calvert St.

20. FILED ..... 19.. ..... Registrar

DEC 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938 to Dec 14, 1938.

I last saw her alive on Dec 14, 1938. Death is said to have occurred on the date stated above, at 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	2
Diaphragmatic Hernia	1936
Cardiac asthma	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

F 52984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-F 52984

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-18 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Allen J Mayers

(a) Residence: No. 3722 Oakmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Cora E Mayers

6. DATE OF BIRTH (month, day, year): Dec 28 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Longfellow Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Joseph E. Mayers

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Sarah Buckingham

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Cora E. Mayers

(Address): 3722 Oakmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 12/17 38

19. UNDERTAKER: Chas G. E. Rohde

(Address): 2327 Edmondson ave

DEC 15 1938

Washington-Pollitzer Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14, 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-4-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe M. D.

(Address) 1331 E. Northern Ave Coroner

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

E 52985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52985

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3132 Harvencio Ave, 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarissa J Matthews

(a) Residence: No. 3132 Harvencio Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F Matthews

6. DATE OF BIRTH (month, day, year) June 2 1887

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Young

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Hanna Moore

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT James F Matthews
(Address) 3132 Harvencio Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date 12/15/ 1938

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

Huntington Williams, Registrar

FILED DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938 to Dec 13, 1938

I last saw her alive on Dec 12, 1938 Death is said to have occurred on the date stated above, at 2:16 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid and Rectum	3 mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Xray + Autopsy No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F A Stevens M. D.

(Address) 2818 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52986

CERTIFICATE OF DEATH

52986

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Pleasant St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Laura Kelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 727 Pleasant St., ... Ward. 4th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leon Kelly

6. DATE OF BIRTH (month, day, year): 11/13/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: C

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Abraham Nickens

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Rachel Grimes

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs. Singer

(Address) 727 Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12-16 1938

19. UNDERTAKER: William A. Jackson

(Address) 1611 Pennsylvania Ave.

20. FILED DEC 16 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/13/1938

22. I HEREBY CERTIFY, That I attended deceased from 12/8 1938 to 12/14 1938

I last saw her alive on 12/11/38. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	
Thrombosis	7 days
Other contributory causes of importance:	
Influenza 2 yrs	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Alice Ellis, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52987

CERTIFICATE OF DEATH

F 52987

124-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Sterling St., 10-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Kitty Davis

(a) Residence: No. 807 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Arch Gibson Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Laura Brown
(Address) 807 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12 8 '38

19. UNDERTAKER Cayne Sanders
(Address) 423 E. Preston St
Huntington Flowers, Inc.

20. FILED ... Registrar.

DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938, to Dec 14, 1938

I last saw her alive on Dec 14 1938. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

(a) Myocarditis
2nd Cirrhosis of Liver

Date of onset

(a) ...
(b) ...

Other contributory causes (b) Senility

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Signs & Symptoms No autopsy

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jas R. Blake M. D.

(Address) 924 Arlington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52988

CERTIFICATE OF DEATH

129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 27-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.

2. FULL NAME Sargent Becker

If U. S. Veteran specify WAR .....

(a) Residence: No. 3702 Glen Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Sarah Slovar

6. DATE OF BIRTH (month, day, year) July 20, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Louis Becker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Etta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sydney Becker

(Address) 3702 Glen ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Hgts Rem Date Dec 16 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W North ave

20. FILED ... 19... DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to Dec 15 1938

I last saw h/Zn. alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 2:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pus-infection source in	
upper abdomen	
Toxemia	
Uremia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Nov 27, 1938

For what disease or injury? .....

Name of operation Laparotomy & Drainage

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis E. Goodman M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52989

HEALTH DEPARTMENT—CITY OF BALTIMORE

52989

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. S ..... St. 27-17 ..... Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d.

2. FULL NAME Edward Goldberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 2906 Oakley ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rae

6. DATE OF BIRTH (month, day, year) Aug 17 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Philip Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Rosenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abe Goldberg

(Address) 2906 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Cemet. Date Dec 16 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-28 W. North ave

20. FILED DEC 16 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938 to Dec. 15, 1938

I last saw him alive on Dec. 15 1938. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Over 1 yr
Other contributory causes of importance: Atelectasis + pneumonia	36 hrs

Was an operation performed? Yes Date 12-1-38 & 12-12-38

For what disease or injury? Carcinoma of Stomach

Name of operation 1. Gastric resection 2. Entero-enterostomy

What test confirmed diagnosis? By tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. D. Fisher M. D.

(Address) Sinai Hospital

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 8 mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME E. Thomas Moreno

(a) Residence: No. 1816 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 10, 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Victor Moreno

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Ida. Selinger

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

17. INFORMANT Mrs. Victor Moreno
(Address) 816 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 12/17, 1938

19. UNDERTAKER Wm. J. Cowan Son
(Address) 1918 W. Baltimore St.

20. FILED DEC 19 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-12-, 1938, to 12-14-38, 1938

I last saw him alive on Dec. 14, 1938. Death is said to have occurred on the date stated above, at 12 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia	10-5-38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N. P. Friedman, M. D.
(Address) Franklin Sq. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

E 52991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 52991

CERTIFICATE OF DEATH

2.3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5921 Marluth Ave. St. 26-1 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Michael J. Mannion

(a) Residence: No. 5921 Marluth Ave. St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26th. 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Michael J. Mannion

14. BIRTHPLACE (city or town) (State or country) New York New York

MOTHER

15. MAIDEN NAME Henrietta Ruhman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Bailek
(Address) Belair Rd& Joppa Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 12/19/38

19. UNDERTAKER Leonard J. Buck
(Address) 5500 Harford Rd

20. FILED ..... 19..... Registrar

DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/3 1938 to 12/15 1938

I last saw him alive on 12/9 1938. Death is said to have occurred on the date stated above, at 7.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-Ray. Sputum Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify. —

(Signed) John W Mackin, M. D.

(Address) 6304 Belair Road

INFORMATION REQUIRED, WITH UNFADING INK—THIS CERTIFICATE MUST BE TYPEWRITTEN OR PRINTED. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 52992

HEALTH DEPARTMENT—CITY OF BALTIMORE

52992

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4401 Ethland Avenue St. 28-36 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME G. F. W. Charles Hey

If U. S. Veteran specify WAR .....

(a) Residence: No. 4401 Ethland Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Sommerman Hey

6. DATE OF BIRTH (month, day, year) September 8th 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Nat'l Dept-P.R.R. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 807

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Stephan Hey

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elsa Pau

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Willard F. Leland
(Address) 4401 Ethland Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Date Dec 16th. 19 38

19. UNDERTAKER Wm. J. Tielmer & Sons
(Address) North & Penna Aves.

20. FILED ..... 19 .....
Registrar

DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1938, to Dec 13, 1938

I last saw him alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset & Duration
Coronary Thrombosis	
Arteriosclerosis	1930
Chronic Interstitial Nephritis	1930
Other contributory causes of importance:	
Cardiac Hypertrophy -	1932

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert F. Hellmann M. D.

(Address) 6 East Biddle St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52993

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 28-2 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Bertha May Leland

If U. S. Veteran specify WAR .....

(a) Residence: No. 5310 Wayne Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 4, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 yrs.	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey City, New Jersey

FATHER

13. NAME Herbert S Leland

14. BIRTHPLACE (city or town) (State or country) Massachusetts.

MOTHER

15. MAIDEN NAME Mary H. Fisk

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Mr. Harry G. Leland

(Address) 5310 Wayne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 17, 19 38

19. UNDERTAKER H. J. Tichnor & Sons, Inc.

(Address) North & Pa. Ave.

20. FILED ..... 19 ..... Registrar

DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 1938

22. I HEREBY CERTIFY, That I attended deceased from November 26 1938 to December 15 1938

I last saw h.s.r alive on December 15 1938. Death is said to have occurred on the date stated above, at 9.06 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Cerebral Hemorrhages	May 1938
Other contributory causes of importance:	

Was an operation performed? yes Date of 12/12/38

For what disease or injury? Cerebral Hemorrhage.

Name of operation Trephine + Decompression

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Richard W. Worthington M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52994

F 52994 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 E. Carey Street St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Reginald Grubbs

(a) Residence: No. 364 Orchid Drive-St Lebanon St., Pittsburgh, Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Lee Grubbs

6. DATE OF BIRTH (month, day, year) June 10th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales Analysis Inst.

10. Date deceased last worked at this occupation (month and year) December 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Kemptown, Md.
(State or country)

FATHER

13. NAME Robert F. Grubbs

14. BIRTHPLACE (city or town) Happy Creek, Va.
(State or country)

MOTHER

15. MAIDEN NAME Jane Hobbs

16. BIRTHPLACE (city or town) Fountain Hills, Md.
(State or country)

17. INFORMANT Mrs. Mae Lee Grubbs
(Address) 364 Orchid Drive-StLebanon, Pitts, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 17th, 19 38

19. UNDERTAKER Wm. J. Helmer & Sons
(Address) North & Penna Aves.

20. FILED DEC 16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary hemorrhage	Dec 13

Other contributory causes of importance: Fell striking nose (Contusion & Laceration)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. J. Hanna Coroner, M. D.

(Address) 1822 E. Baltimore St.

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52995 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52995

38796 JS

23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Sadie Cosby

(a) Residence: No. 1003 Ensor st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 5-8-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Archer Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mattie Brown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Va. Date Dec 17th 38

19. UNDERTAKER Ebey & Wilson
(Address) 1005 Broadway

20. FILED ... 19... Registrar

Huntington Railway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1938, to December 14, 1938.

I last saw her alive on December 14, 1938. Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute miliary tuberculosis (Hung)	Nov. 1938

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. DeSaulles M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52996

CERTIFICATE OF DEATH

95-D 36229-FS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 271 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda

6. DATE OF BIRTH (month, day, year) Sept. ?, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49 ? 50	49	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Sefford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Dec 14 1938

19. UNDERTAKER Elroy C. Wilson.

(Address)

20. FILED Dec 15 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12 1938

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1938, to December 12, 1938

I last saw him alive on December 12, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSautelle M. D.

(Address) Baltimore City Hospitals

DEC 16 1938

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52997 F 52997 38878-FS

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. life St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anna Nutter

If U. S. Veteran specify WAR

(a) Residence: No. 3619 Erdman Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mervin

6. DATE OF BIRTH (month, day, year) 11-5-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	46	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Bock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Bowers

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place B ALTIMORE CE\ Date DEC. 17 38

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. WOLFE ST

20. FILED DEC 16 [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10 1938 to 12-15 1938

I last saw her alive on 12-15 1938 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma uterus with metastasis	?
Intestinal obstruction	four weeks

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Pathological & Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) L. T. Woodward Jr. M. D.

(Address) Balto City Hosp.

FAILURE TO RECORD CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 52998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 52998
39763-PS

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theresa Bauernfiend
If U. S. Veteran specify WAR

(a) Residence: No. 131 S. Moderia St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin

6. DATE OF BIRTH (month, day, year) 3-1-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peters

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 19 1938

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. Wolfe St.

20. FILED DEC 16 1938 Registrar Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1938, to December 15, 1938
I last saw her alive on December 15, 1938. Death is said to have occurred on the date stated above, at 3.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-7-38
Other contributory causes of importance: Hypertensive cardiovascular disease	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Santille M. D.
(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

F 52999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

953

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wisnauskas

(a) Residence: No. 12 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wisnauskas

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 D

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME Peter Wisnauskas

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Margaret Wisnauskas
(Address) 12 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec 19 1938

19. UNDERTAKER Joseph Tavinska, Inc.
(Address) 1602 Washington Blvd

20. FILED DEC 16 1938, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15/38 19

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1938, to 12-15, 1938.

I last saw him alive on 12-15, 1938. Death is said to have occurred on the date stated above, at 7 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	
Arteriolar sclerosis of Kidney & Uremia.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Franklin Sq. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53000

HEALTH DEPARTMENT—CITY OF BALTIMORE 53000

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3034 O Donnell St., 1-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. Unknown How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M Foley
If U. S. Veteran specify WAR

(a) Residence: No. 3034 O Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W Foley

6. DATE OF BIRTH (month, day, year) Oct 9 / 65

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo E Seifert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Seifert Foley 3034 O Donnell St
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/17/38

19. UNDERTAKER Rita Wiedefeld 711 Gramercy Lane
(Address)

20. FILED DEC 16 1938 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938 to Dec 13, 1938
I last saw her alive on Dec 13, 1938 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. D. Tyler M. D.

(Address) 7802 Harford Ave

53001

HEALTH DEPARTMENT—CITY OF BALTIMORE

53001

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W. Lexington St. 4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Louise Doberer

If U. S. Veteran specify WAR .....

(a) Residence: No. 504 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Edw. Simmons

6. DATE OF BIRTH (month, day, year): April 9, 1876

7. AGE: Years 62; Months 8; Days 6; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 60

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George Doberer

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Louisa List

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Mrs. Louise D. Wells.

(Address) 504 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL: Place London Park, Dec 19 38

19. UNDERTAKER: Chas Fleckner Sons

(Address) North & Fulton Ave

20. FILED DEC 16 1938 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 38 to Dec 15 38, 19... I last saw h[illegible] alive on Dec 15 38, 19... Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma,	
probably G.I.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Hemicolectomy Biopsy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James Bruce, M. D.

(Address) Med Arts Bldg.

OCCUPATION is very important. See instructions on back.

V8 3

✓ F 53002

53002

HEALTH DEPARTMENT—CITY OF BALTIMORE

#38820

CERTIFICATE OF DEATH

122-3 SF

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Connor Michael E Connor

If U. S. Veteran specify WAR

(a) Residence: No. 508 S. Duncan St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/9/38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1 mo.	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Michael Connor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eva Slowikoski

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place ST. STANISLAUS Date Dec 17th 38

19. UNDERTAKER George A Weber

(Address) 705 S. Ann St

20. FILED Registrar DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/9, 1938, to 12/16, 1938

I last saw him alive on 12/16, 1938 Death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CONGENITAL ATRESIA duodenum	11/9/38
PARTIAL INTESTINAL	11/9/38
OBSTRUCTION	
Other contributory causes of importance:	
ACUTE GASTRO ENTERITIS	2 days

Was an operation performed? YES Date of 11/18/38

For what disease or injury? INTESTINAL OBSTRUCTION

Name of operation

What test confirmed diagnosis? CLINICAL Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Cox M. D.

(Address) Balto City Hosp

INFECTION is very important. See instructions on back.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

FS 3003 ✓131 FS 3003

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2226 Maryland av (St.) 12-7 (WARD)

2-FULL NAME Mary Ann O'Neil

(a) RESIDENCE. (No.) 2226 Maryland av (St.) WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3a If married, widowed, or divorced (or) WIFE of Thomas O'Neil

6 DATE OF BIRTH (month, day, and year) June 10 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Schuylkill Co. Pa.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary B. Kavanagh

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

11 Informant (Address) Rev. Fr. Michael O'Neil 14 M. St S.E. Washington D.C.

13 Date received 19 Registrar

DEC 16 1938

1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1938

17 I HEREBY CERTIFY, That I attended deceased from September 8, 1924 to December 16, 1938.

that I last saw her alive on December 11, 1938.

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis -

(over) (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. tests

(Signed) J. J. Rohrer M. D.

19 (Address) 1101 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa — DATE OF BURIAL: Dec 16 1938

20 UNDERTAKER: Henry W. Jenkins & Sons — ADDRESS: McCulloh & Orchard

TION is very important. See instructions on back of certi

53004

HEALTH DEPARTMENT—CITY OF BALTIMORE

53004

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 W. Lanvale St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard J. Roden

(a) Residence: No. 2420 W. Lanvale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) ---------

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	---	---	---

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernard Roden

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Revell

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary A. Farr

(Address) 2420 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/17 1938

19. UNDERTAKER Henry L. Meaker Son

(Address) 823 N. Eutaw St.

DATE RECEIVED DEC 16 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1938 to Dec 14 1938

I last saw h. in alive on Dec 14 1938 Death is said to have occurred on the date stated above, at 11 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/4/38
Other contributory causes of importance	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) A. M. Gram M. D.

(Address) 612 N. 40 St.

OCCUPATIONS is very important. See instructions on

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53005 ✓ F 53005 Registered No.

F 53005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 752 George St. St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Guanbury Scott

(a) Residence: No. 752 George St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C.

6. DATE OF BIRTH (month, day, year) Aug 23 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4 3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Micheal Scott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mabel A. Scott

(Address) 752 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 19 38

19. UNDERTAKER Mrs. George H. Storeland

(Address) 1631 Druid Hill Ave

20. FILED DEC 16 1938 Christopher Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1938 to Dec 15 1938. I last saw him alive on Dec 15 1938. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Eyerman M.D.

(Address) 627 Cathedral

53006 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53006

CERTIFICATE OF DEATH ✓ 210-N

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3001 Shannon Dr. St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Danial W. Haase Jr.

(a) Residence: No. 122 N. East St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 13, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Danial W. Haase Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Danial Haase
(Address) 122 N. East St.

18. BURIAL, CREMATION, OR REMOVAL Date Dec. 16 38
Place Parkwood Cem

19. UNDERTAKER John A. McGan
(Address) 3000 E Balto St

20. FILED DEC 16 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (saw the evidence obtained by said Inquest) (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide or Homicide? Accident Date of injury Dec. 14, 1938, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Ran into St at Belair Rd & Shanno
Was struck by Auto.

24. Was disease or injury in any way related to occupation of deceased

No If so, what

(Signed) A. J. Bloeser M. D.
Coroner

(Address) 1752 Mrn

DEC 16 1938

OCCUPATION is very important. See instructions on back of certificate.

53007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B F 53007

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Bond St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Watkins

If U.S. Veteran specify WAR .....

(a) Residence: No. 1103 Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Widow

3a. If ~~married~~, widowed, or ~~divorced~~, (or) WIFE of Mark Watkins

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	--	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Geo. Leonardi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Nestor Filoni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Christ. Leonardi

(Address) 320 Schroeder

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 19, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 Schroeder St

20. FILED DEC 16 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Dec 13 1938

I last saw h[illegible] alive on Dec 13 1938 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Leonardi

(Address) 627 Lemmon St

HEALTH DEPARTMENT—CITY OF BALTIMORE 53008

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N. Mount St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S Veteran ——— specify WAR .....

2. FULL NAME John Conley

(a) Residence: No. 309 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) Oct. 18, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Conley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Leah Wise

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Dorothy Saint

(Address) 309 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 18, 1938

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 S Schroeder St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938, to Dec 14, 1938

I last saw him alive on Dec. 13, 1938. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Sept 38

Other contributory causes of importance:

Ch. Nephritis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J Douglas Sheppard M. D.

(Address) 1638 Franklin St

Dorothy Forrest Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53009

CERTIFICATE OF DEATH

348-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Hill (30359) If U. S. Veteran specify WAR

(a) Residence: No. 1609 Mount St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John E., Jr.

6. DATE OF BIRTH (month, day, year) April 30, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Forrest

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Johnson

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date Dec 17, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St

20. FILED DEC 16 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1938 to December 14, 1938

I last saw her alive on December 14, 1938 Death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Jan. 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53010

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 408 Mt. Holly St. 20-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Augusta Bimmiller

(a) Residence: No. 408 Mt. Holly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles J. Bimmiller

6. DATE OF BIRTH (month, day, year): June 4. 1871

7. AGE: Years 67 | Months 6 | Days 9/10 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year).
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: Ludwig Schneider
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Elizabeth Wambach
16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Louis J. Bimmiller
(Address) 408 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Dec. 17. 1938

19. UNDERTAKER: Mr. & Mrs. John R. Tuffel & Son
(Address) 801 W. Fayette St.

20. FILED ... by ... Registrar.

DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15 1938 to Dec 14 1938
I last saw her alive on Dec 14 1938 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis deformans	8 yrs
Other contributory causes of importance: acute cardiac failure	3 days

Was an operation performed? no Date of ...
For what disease or injury? ...
Name of operation ... What test confirmed diagnosis? clin & phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) F. T. Kyle M. D.
(Address) 3321 Fairfield Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F53011 — 93 C F53011 — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 209 Edgevale Rd. 27-13 (Ward)

Length of residence in city or town where death occurred 88 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. if of foreign birth? ~~yrs.~~ ~~mos.~~ ~~ds.~~

If U. S. Veteran specify WAR NONE

2. FULL NAME Sarah Mann Wolf

(a) Residence: No. 209 Edgevale Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Marcus W. Wolf.

6. DATE OF BIRTH (month, day, year): October 13 1850

7. AGE: Years 88 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Isaac S. George
14. BIRTHPLACE (city or town) (State or country): Balto Co. Maryland

MOTHER
15. MAIDEN NAME: Elizabeth Mann
16. BIRTHPLACE (city or town) (State or country): Halifax (Canada)

17. INFORMANT: S. George Wolf (son)
(Address) 103 Longwood Road

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Date Dec 17- 38
Place

19. UNDERTAKER: STEWART & POWEN COMPANY
(Address) (M. F. MOSHER SUC.) 108 W. NORTH AVENUE

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1938 to Dec. 15 1938

I last saw her alive on Dec. 15 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	2
Myocardial Degeneration	
Senile	
Other contributory causes of importance: Acute Pulmonary Edema	12/5/38
Cardiac Asthma	11/26/38

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Physical exam Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Stron Porter M. D.

(Address) 4822 Roland Ave

012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53012

CERTIFICATE OF DEATH

Registered No. 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 E Fayette St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Frank Schmitt

(a) Residence No. 2122 E Fayette St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schmitt

6. DATE OF BIRTH (month, day, year) Sept 6 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation, (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Schmitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Schmitt

(Address) 2122 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Dec 17-38

19. UNDERTAKER Loos & Sterr & Son

(Address) 1300 Kentucky Ave

20. FILED ... 19... by ... Williamson Asst. Registrar

DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 38, to Dec 13, 38

I last saw him alive on Dec 13, 1938 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Disease	
Arteriosclerosis	
Senility.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Kent Tuxley, M. D.

(Address) 2036 E Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53013

013

CERTIFICATE OF DEATH

146-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 S Washington St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Cegielski

(a) Residence: No. 228 S Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Cegielski

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Joseph Cegielski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Cegielski
(Address) 228 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec. 19 1938

19. UNDERTAKER Fred W Ozarowski Ave.
(Address) 1930 Eastern

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Dec. 15, 1938

I last saw h alive on Dec 15 1938 Death is said to have occurred on the date stated above, at 8 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1936

Other contributory causes of importance: Paralysed Extremities 3 mos.

Was an operation performed? Yes Date Sept. 1938

For what disease or injury? Appendectomy

Name of operation "

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jose K Gerardo M. D.

(Address) 1007 E. Pratt St

HEALTH DEPARTMENT—CITY OF BALTIMORE 53014

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 N. Robinson St. 61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Peter Szczerbicki

(a) Residence: No. 442 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Szczerbicki

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Szczerbicki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Cook

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julia Szczerbicki
(Address) 442 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec. 17 1938

19. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave

20. FILED DEC 16 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1937 to Dec., 19..., that I saw him alive on Dec. 14, 1938 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-11
Other contributory causes of importance: Chronic Myocarditis	1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.S.05 Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John V. Szczerbicki M. D.

(Address) 1802 Eastern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53015 CERTIFICATE OF DEATH ✓13 F 53015

Registered No. .....

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 5 mos. 10 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Ella H. Handler

(a) Residence: No. 720 N. Linwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Anthony Handler.

6. DATE OF BIRTH (month, day, year) July 5 1901.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	5	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Zaradek.

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Marie Kostal.

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Anthony Handler

(Address) 720 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakhill Date Dec. 17 1938

19. UNDERTAKER Frank Brachodon

(Address) 1906 Eutaw Pl.

DEC 16 1938 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24- ....., 1938, to Dec 15 ....., 1938.

I last saw her alive on Dec. 15 ....., 1938. Death is said to have occurred on the date stated above, at 7:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia & Coma	12-24-38.
Chronic Nephritis & Hypertension	5-6 yrs. ago.

Other contributory causes of importance:

Hypertensive Cardio-Vascular Disease

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. D. Whitmarsh, M. D.

(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53016 ✓ 82-a F 53016

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N. Patterson Pk St., 6th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. if of foreign birth? 46 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Theresa Tristea

(a) Residence: No. 413 N. Patterson Pk Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Tristea

6. DATE OF BIRTH (month, day, year) Oct 13, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Joseph Bares

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Marie Cunat

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Magdalena Pelikan

(Address) 413 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 19, 1938

19. UNDERTAKER Frank Cusack & Son

(Address) 1906 Ashland Ave

20. FILED Huntington Williams, M.D.

DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 38 to Dec 16, 38, that I last saw her alive on Dec 16, 38, Death is said to have occurred on the date stated above, at 9.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/10/38
Other contributory causes of importance: Arterio Sclerosis	1935

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William L. Reaver M. D.

(Address) 801 N. Patterson Pk Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53017

CERTIFICATE OF DEATH

F 53017

Registered No. 187

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bay View St. 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR.

2. FULL NAME Bernard Patrick Goodwin
(a) Residence: No. 846 Albemarle St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of ~~last WIFE of~~ Laura Goodman

6. DATE OF BIRTH (month, day, year) March 17-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not employed
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME John J. Goodwin
14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER
15. MAIDEN NAME Nellie G. Sullivan
16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT John A. Goodwin
(Address) 807 Riggs Av. Cheverly Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. D.C. Date 12/14/38.

19. UNDERTAKER Philips Henry Sons
(Address) 2016 Calvert St.

20. FILED Huntington Williams, M.D.
DEC 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Years
Arterio-sclerosis general	Years
Other contributory causes of importance: Edema legs & Abdomen, dyspnea	Years 8 days

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood, M. D.
Coroner
(Address) 1712 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53018

CERTIFICATE OF DEATH.

93-c F 53018

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1803 Harlem Ave (St.) 16-4 (WARD)

2-FULL NAME Mrs Anna M. K. Harting

(a) RESIDENCE NO. 1803 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 69 yrs. ✓ mos. ✓ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) or (WIFE of): Theodore Harting

6 DATE OF BIRTH (month, day, and year): Mch 28 1866

7 AGE

Years	Months	Days	If LESS than 1 day, ✓ hrs. or min.
72	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Andreas Heisenbottle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Heisenbottle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Edgar F. Harting 1803 Harlem Ave.

15 Filed DEC 16 1938 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 15 1938

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to Dec 15, 1938, that I last saw her alive on Dec. 15, 1938, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(duration) ✓ yrs. 4 mos ✓ ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) ✓ yrs. ✓ mos. 10 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. B. Shannon, M. D.

19 (Address) 700 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: DEC 19 19

20 UNDERTAKER: Geo W Little

ADDRESS: 2706 EDMONDSON AVE

AHRING

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53019 — 181 F 53019

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Nathan Ave St. 16-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME William F. Ahring Sen.

(a) Residence: No. 2705 Nathan Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha R. Ahring

6. DATE OF BIRTH (month, day, year) Dec. 2 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna E. [illegible]

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martha R. Ahring

(Address) 2705 Nathan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Dec. 19 1938

19. UNDERTAKER Geo W. Little

(Address) 1100 Edmondson Ave.

DEC 16 1938 Huntington Williams, Nott

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. Dec 7, 1938

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Contributory causes of importance: Senility	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/8 1938

Where did injury occur? 2705 Nathan Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall

Nature of injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53020 — CERTIFICATE OF DEATH — 107-a F 53020

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 670 E Clement St 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie L Lott

(a) Residence: No. 670 E Clement St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Lott

6. DATE OF BIRTH (month, day, year) Jan 24 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Charles E Norfolk

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Ashley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm H Lott

(Address) 670 E Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Chapel Cemetery Date Dec 17 1938

19. UNDERTAKER Undertaking by undertaker

(Address) 1116 Light St

Huntington Williams

26. FILED DEC 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Dec 14 1938

I last saw her alive on Dec 14 1938 Death is said to have occurred on the date stated above, at 3.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterus Prolapsed Procidentia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C Hann M. D.

(Address) 1116 Hanover

F 53021

53021 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93a

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 130 E Biddle St., 15-1 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Estella Harris

(a) Residence: No. 130 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: 1890

6. DATE OF BIRTH (month, day, year): Feb 11 1891

7. AGE: Years 58 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 11

11. Total time (years) spent in this occupation: 00 10

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME: Thomas Adams

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Cecilia Parran

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Father

(Address) 1300 Eutaw Pl

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: Dec 17 1938

19. UNDERTAKER: V. A. Brooks

(Address) 1463 W. Carey St

Filed 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hyde M. D.
Coroner

(Address) 2101 Harlem

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 C F 53022

53022

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1822 Edmondson Ave 16th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha J. Richardson
If U. S. Veteran specify WAR

(a) Residence: No. 1822 Edmondson Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John S. Richardson

6. DATE OF BIRTH (month, day, year): Mar. 30, 1848

7. AGE: Years 90 | Months 8 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): York Pa

FATHER:
13. NAME: William Reisinger
14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER:
15. MAIDEN NAME: Mary A Reutter
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Helen R. Smith
(Address): 1822 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: Dec 19, 1938

19. UNDERTAKER: Wm Purdum Sons
(Address): Sykesville Pa Ages.

20. FILED 19 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to Dec 15, 1938
I last saw h.. alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Chronic myocarditis	1 1/2
Senility	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm A Craig M. D.

(Address) 612 N 40 St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53023 | 131 F 53023

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Milton Ave. St., 7 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Elizabeth Lochner

(a) Residence: No. 803 N. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Frederick Lochner

6. DATE OF BIRTH (month, day, year) April 15, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8 mos.	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 0437

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York, Pa.

FATHER

13. NAME Philip Bowman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME ~~Elizabeth~~ Morrison

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Mrs. Charles Newkirk

(Address) 803 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 12/17 38

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans st.

Filed DEC 17 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1938 to Dec. 14, 1938

I last saw h~~er~~ alive on Dec. 14, 1938 Death is said to have occurred on the date stated above, at 10P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	10 yrs.
Coronary ~~Embolism~~ Thrombosis	1 week

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St

53024 F 53024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 39879-FS

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

life

2. FULL NAME James Booze

If U. S. Veteran specify WAR .....

(a) Residence: No. 1135 N. Stockston St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — 1908

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37 ? 37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

PARENTS

13. NAME Gideon

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Interment Date 12/19 1938

19. UNDERTAKER Thomas E. Kelson

(Address) 1353 Eastman St

20. FILED 19 ..... Registrar

12 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1938, to December 14, 1938.

I last saw him alive on December 14, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	Dec. 1938
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, give fully .....

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

F 53025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

F 53025 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Was deceased ever in U. S. Army, Navy or Marine Corps? Specify WAR

2. FULL NAME William Remmey

(a) Residence: No. 1015 Bruce St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 9 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	*	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME James Remmey

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Edna May Reed

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT (Address) Mr. James Remmey 1015 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery 12/17 (1938)

19. UNDERTAKER (Address) John J. Foley & Sons 1313 Light St.

20. DEC 17 1938 Huntington Pittsfield, Mass.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive on (Inquest Inquiry) Dec 6 1938 and that death occurred at 2:40 hours on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2 days
	4 days

Other contributory causes of importance:

Chr Otitis Media

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marshall A. Shaine M. D.

(Address) 3 E 3rd Entrance Coroner

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

53026

CERTIFICATE OF DEATH

93-C

Registered No. E 53026

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Fait av St. 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara B. Cherigo

If U. S. Veteran specify WAR

(a) Residence: No. 3204 Fait av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles A Cherigo

6. DATE OF BIRTH (month, day, year) Feb 14, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Wiley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kunigunda Dietrick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles A. Cherigo
(Address) 3204 Fait av

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Dec 19 1938

19. UNDERTAKER Frank V. Petrone
(Address) 2818 E. Balto St

20. FILED DEC 17 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1938 to Dec 15 1938

I last saw her alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Coronary Thrombosis	12-13-38

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Schmunk M. D.

(Address) 842 S. Conkling

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... should be classified.

F 53027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53027

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Donald Pitts

(a) Residence: No. 1506 W Franklin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 25-1936

7. AGE: Years 2 | Months 0 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Baby 2000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Theodore Pitts

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Geneva Foreman

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Theodore Pitts

(Address) 1506 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Md Auburn. Date 12/19 38

19. UNDERTAKER: T. E. Kelson

(Address) 1303 Pressman St

20. FILED 12/19/38 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence disclosed by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Dec

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D.

(Address) 553 Lanvale St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

53028 E 53028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 20-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Ada Eickhoff

(a) Residence: No. 32 N. Morley St, Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER
13. NAME Andrew B. Eickhoff
14. BIRTHPLACE (city or town) (State or country) Jersey City, N.J.

MOTHER
15. MAIDEN NAME Ruth Lois Wolfe
16. BIRTHPLACE (city or town) (State or country) ~~32 N. Morley St~~ Brattleboro, Vt.

17. INFORMANT Father Ludwig Eickhoff
(Address) 32 N Morley St

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Dec 17 38

19. UNDERTAKER J. Q. Childs & Bro
(Address) Baltimore Md

20. FILED DEC 17 1938 19 Wm. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to Dec 16, 1938.
I last saw her alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 10 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	
Other contributory causes of importance	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Warren Abelleira M. D.
(Address) Universal per Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53029

CERTIFICATE OF DEATH

91-44 F 53029

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 N. Washington St. 8-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willard Cromwell Saylor

(a) Residence: No. 1912 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 14, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Eng

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... nil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME E. Willard Saylor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Etta Cromwell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E. Willard Saylor
(Address) 1912 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodsboro Md Date Dec 17 1938

19. UNDERTAKER E. J. Tanzing & Son
(Address) 1938 E. Lafayette, ave

20. FILED DEC 17 1938 Evelyn Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14 1936 to December 15 1938.

I last saw he alive on December 14 1938. Death is said to have occurred on the date stated above, at 1.05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Viridans	3/14/36
Septicaemia	
Endocarditis	
Myocarditis	3/14/37
Other contributory causes of importance:	
Cardiac Dilatation	7/15/38

Was an operation performed? Nil Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? Nil.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Nil If so, specify .....

(Signed) Albert Eisenberg, M. D.

(Address) 1025 Florida Ave.

F 53030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53030

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 W. Lafayette ave St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Edward Brown

If U. S. Veteran specify WAR

(a) Residence No. 2512 W. Lafayette ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Schline Brown

6. DATE OF BIRTH (month, day, year) April 2 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Bernice Bowers

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs. Edna S. Brown

(Address) 2512 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Eden Hill Date 12/17/38

19. UNDERTAKER Geo. L. Beyer Jr.

(Address) 1512 Baltimore St

20. FILED DEC 14 1938 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

at 6.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, Dec. 14 1938

Where did injury occur? 2512 W. Lafayette

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Inhaling gas from kitchen range

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate. Exact statement of usual occupation should be carefully classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53031

CERTIFICATE OF DEATH

182-a

F 53031

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 Northway Drive St. 37-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran

(Specify WAR)

2. FULL NAME George Erdman Schlickenmaier

(a) Residence: No. 3112 Northway Drive St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 7, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Brets., Md.

MOTHER

13. NAME George C. Schlickenmaier

14. BIRTHPLACE (city or town) (State or country) Md.

FATHER

15. MAIDEN NAME Catherine L. Foose

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George C. Schlickenmaier

(Address) 3112 Northway Drive.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Dec 17 38

19. UNDERTAKER Harry A. Dritzka

(Address) 2401 Edmondson Ave

Huntington Villiage, Md.

DEC 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1938

22. I HEREBY CERTIFY, That I have charge of the cases described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/15/1938.

Where did injury occur 3112 Northway Drive Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Child's face was buried in pillow while sleeping.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Paul Schreiber M. D.

Coroner

(Address) Coroner

OCCUPATION is very important. Exact statement of ... of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#39701

F 53032

CERTIFICATE OF DEATH

107-4 F 53032

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Ennis E. Irving

If U. S. Veteran specify WAR

(a) Residence: No. 1629 N. Durham St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 8/27/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton, N.C.

FATHER

13. NAME Ennis

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lucy Andrews

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Newborn, N.C. Date Dec 17 1938

19. UNDERTAKER S. J. Zgalgowski Inc.

(Address) 1000 S. Linwood Ave

20. FILED DEC 17 1938 DEC 22 1938 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1938 to 12-17, 1938

I last saw him alive on 12-16, 1938 Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Bronchopneumonia	4 days
Other contributory causes of importance	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

V6 P

Dorman

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53033

CERTIFICATE OF DEATH

1181

F 53033

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2420 Fleet St. 1-3 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna L. Dorman

If U. S. Veteran specify WAR

(a) Residence: No. 2420 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of William Dorman

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harvey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mrs Brown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Carrie Slattery

(Address) 320 E. 22nd St. Wilmington Del.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Dec 17 1936

19. UNDERTAKER Martin F. C. Duffy

(Address) 375 Conn Ave.

Filed DEC 17 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (from the evidence obtained by said Inquiry and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burns	Dec. 6
Suffocated, Shock	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 6, 19 36

Where did injury occur? 2420 Fleet St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Caught fire from stove

Nature of injury 2nd & 3rd degree burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. Should not be omitted. Exact statement of occupation should be entered on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE #39702

F 53034

CERTIFICATE OF DEATH

95-13 F 53034 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals S. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Lovejik

If U. S. Veteran specify WAR

(a) Residence: No. 114 Coleman Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hard Cem Date 12/17 1938

19. UNDERTAKER John J. Fahey Sons
(Address) 318 Augusta St.

20. FILED DEC 17 1938 Hunting Tn Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5 , 1938 to 12-14 , 1938

I last saw him alive on 12-13 , 1938 Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	?
Cardiac Failure	Sudden
Other contributory causes of importance:	
Frost bite Gangrene feet	2 weeks

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Krabodewski Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#15892

53035

CERTIFICATE OF DEATH

95-B F 53035

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Joseph Lally

If U. S. Veteran specify WAR

(a) Residence: No. 1203 Mosher St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie

6. DATE OF BIRTH (month, day, year): 1880 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58 ?	58?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John L. Lally

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Sheeham

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Sacred Heart Cem. 12/17 38

19. UNDERTAKER: John J. Fahey Sons

(Address) 1310 Light St

20. FILED: DEC 17 1938 Registrar, Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/14/38, 19

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1938 to December 14, 1938.

I last saw him alive on December 12, 1938. Death is said to have occurred on the date stated above, at 3 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease Uremia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

53036

HEALTH DEPARTMENT—CITY OF BALTIMORE

53036

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 W. Mosher St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR)

2. FULL NAME Williams Lawrence

(a) Residence: No. 1337 W. Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Mich.

FATHER

13. NAME ? Lawrence

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ethel M. Williams

(Address) 1337 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn 12/18, 1938

19. UNDERTAKER Charles L. Schaefer

(Address) 2000 Eutaw St.

20. FILED DEC 18 1938

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

12:25 P.M.

	Date of onset
Palmar heart lesion	

Other contributory causes of importance: Nervousness, Mentally deranged

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (specify)

(Signed) , M. D.
Coroner

(Address)

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. Exact statement of should be obtained. Exact statement of ... of certificate.

5303793 35593

HEALTH DEPARTMENT—CITY OF BALTIMORE

5303037

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Salomon

If U. S. Veteran specify WAR .....

(a) Residence: No. 467 Oak St., ... Ward. Passaic N J

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reba

6. DATE OF BIRTH (month, day, year) 7-17-91

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Carl Salomon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Edith Blumenthal

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT JOHNS HOPKINS HOSPITAL Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Ark. W. Dec 18 1938

19. UNDERTAKER John. C. Mitchell

(Address) 1900 Eutaw Pl.

20. FILED DEC 18 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938 to Dec 17, 1938

I last saw him alive on Dec 17, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pituitary Tumor	
Benign Brain Tumor	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec 3 1938

For what disease or injury? Pituitary tumor

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth L. Peacock M. D.

(Address) 9-17-17

V8 8

53038

HEALTH DEPARTMENT—CITY OF BALTIMORE

53038

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1044 W. Baltimore St St. 18-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catharine Strawser

If U. S. Veteran specify WAR

(a) Residence: No. 1044 W. Baltimore St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Strawser

6. DATE OF BIRTH (month, day, year) April 30, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sunbury Pa.

FATHER

13. NAME Elias Meck

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Carrie Hartman

(Address) 1044 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Sunbury Pa. Date Dec 19, 1938

19. UNDERTAKER Robt C & B. M. Walter

(Address) Pratt & Stricker Sts

DEC 18 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1935 to Dec. 17 1938

I last saw her alive on Dec. 16 1938. Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from Chronic interstitial nephritis	?
Generalized arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Schreiber M. D.

(Address) 545 S. Fulton Ave.

Exact statement of

certificate.

VS 2

F 53039 (Mrs Mabel A Beamer)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53039

CERTIFICATE OF DEATH

x 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12 - Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. ~~Cress~~ A. Beamer (Mabel)

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. North East, Md

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cress A. Beamer

6. DATE OF BIRTH (month, day, year) Oct. 7, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Andrew Gray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Alexander

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Cress Beamer

(Address) North East Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bayview Md. Date Dec 21, 1937

19. UNDERTAKER Joseph R. Grant

(Address) North East, Md

20. FILED DEC 18 1938, 19 Huntington Millington, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1938, to 12/18, 1938

I last saw her alive on 12/18, 1937 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute circulatory failure	12-18
Other contributory causes of importance: Ruptured appendix	12-13

Was an operation performed? Yes Date of 12-13

For what disease or injury? Rupture appendix

Name of operation Exploratory laparotomy. —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert White, M. D.

(Address) C-1, The Gilmore Apts. —

V6 B

GK

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53040

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 W Pratt St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles M Fried

If U. S. Veteran specify WAR No Record

(a) Residence: No. 663 W Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth K. Fried

6. DATE OF BIRTH (month, day, year): April 2, 1879

7. AGE: Years 59; Months 8; Days 16; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Def

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Phillip Fried

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wehrmann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elizabeth Fried

(Address): 663 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL: Interment Baltimore Date Dec 17 19 38

19. UNDERTAKER: J. M. Cohn

(Address): 1219 E Baltimore St

20. FILED: Huntington Williams Registrar

DEC 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1938 to 12/16 1938

I last saw h[illegible] alive on 12/16/38 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	12/16/38
Other contributory causes of importance: Cardio-Vascular Renal Disease	2 yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Dr. Geo. G. Laukaitis, M. D.

(Address) 67 S Washington Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53041

HEALTH DEPARTMENT—CITY OF BALTIMORE 53041

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 N. Pulaski St. 15-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Eddie Lois Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 2131 N. Pulaski St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Edward F. Campbell

6. DATE OF BIRTH (month, day, year) Nov 9th 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Christopher Swann

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Matilda Owen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edward Campbell

(Address) 2131 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Dec 19th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

DEC 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1938, to Dec 16 1938.

I last saw her alive on Dec. 14 1938. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N. If so, specify .....

(Signed) Edward Kyser M. D.

(Address) 4205 North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53042

CERTIFICATE OF DEATH

131

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunacy Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify War)

2. FULL NAME John W. Hollins

(a) Residence: No. 651 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Beulah Hollins

6. DATE OF BIRTH (month, day, year) Nov 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) a. a. Co. Md

FATHER

13. NAME John G. Hollins

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Fowler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beulah Hollins

(Address) 2504 W. Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 21st 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

19a. Filed 19 Eugene Williams, Asst

DEC 18 1938

V 8 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 day
Other contributory causes of importance: Chr. Cardio. Vascular Renal Disease	4 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Marshall A Abrams M. D.

Coroner

(Address) 2360 Eutaw place

F 53043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53043

CERTIFICATE OF DEATH

51-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

Length of residence in city or town where death occurred 5/ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME William Bode

(a) Residence: No. 1709 Harford Ave. Balto. Ward Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Bode

6. DATE OF BIRTH (month, day, year) 3/29/93

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagon Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mowell Paper Co.

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME William Bode

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Hagen

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT JOHNS HOPKINS HOSPITAL

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. National Date Dec 19 1938

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1938 to Dec 15, 1938

I last saw him alive on Dec 15, 1938 Death is said to have occurred on the date stated above, at 4.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma of bladder, primary (Carcinoma)	July 1938
Pyelonephritis, bilateral	1938
Other contributory causes of importance Hydronephrosis, bilateral	1938
Urinary tract infection, mixed	Aug 1938

Was an operation performed? Yes Date of Aug 3 1938

For what disease or injury? Substitution Cystostomy

Name of operation Suprapubic Prevesical Drainage

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Carl E Buckland M. D.

(Address) J. H. H.

V8 3

DEC 18 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 53044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53044
#39748
SF

CERTIFICATE OF DEATH

48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-5 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Cawley

(a) Residence: No. 3249 Chestnut Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur Cawley

6. DATE OF BIRTH (month, day, year) 7/28/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME Arthur Frederick Linde

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Ulrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 19 1938

19. UNDERTAKER Wm Cook
(Address) 227 St. Paul St

20. FILED 19 [illegible] Registrar

DEC 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1938 to 12-15, 1938

I last saw her alive on 12-15, 1938 Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix with metastasis ? Uremia	3 days
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) L K Woodward Jr. M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53045

HEALTH DEPARTMENT—CITY OF BALTIMORE 53045

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Coldspring Lane St. 45-13 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Land

(a) Residence: No. 2827 Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): W

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Simon

6. DATE OF BIRTH (month, day, year): 1875

7. AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham Bass

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Genie Yomitzky

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Herman Land [2827] Cold Spring Lane
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Keyser Rosedale Date Dec 18 1938

19. UNDERTAKER: Sol Levinson & Bros
(Address) 1124-26 W. North ave

DEC 18 1938 Washington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1938 to December 16, 1938. I last saw h e alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 10:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins disease	
Tuberculosis	
a) Pulmonary	
b) Glandular	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? denied Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Lemm M. D.

(Address) 101 W. Read St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be sure that it may be properly classified. Exact statements of information should be given in plain terms, so that it may be properly classified. See instructions on back of certificate. CAUSE OF DEATH is very important. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 F 53046

Registered No. F 53046

F 53046

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 5-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Davis

(a) Residence: No. 1108 Comet St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Davis

6. DATE OF BIRTH (month, day, year) Unk 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester S. C

FATHER

13. NAME Samuel Kennedy

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT (Address) Ella Davis 1108 Comet St

18. BURIAL, CREMATION, OR REMOVAL. Date Dec 19 1938

Place Mt Auburn

19. UNDERTAKER (Address) James A Stamps 1142 Lafayette St Huntington Williams Woods

DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1938 to Dec. 15 1938

I last saw him alive on Dec. 15, 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, malignant;	
Cerebral hemorrhage, left.	12-4-38
Other contributory causes of importance	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard S. Guze Jr. M. D.

(Address) University Hospital.

B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53047 F 53047 124-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Lee St., Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lavinia Harmon

(a) Residence: No. 624 W. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Wid

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Harmon

6. DATE OF BIRTH (month, day, year) Sept 15 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Osgar Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Lavinia Higgins

(Address) 624 W Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 19 1938

19. UNDERTAKER James A Stevens

(Address) 142 W Pratt St

DEC 18 1938 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1938 to Dec 15, 1938

I last saw her alive on Dec 15, 1938 Death is said to have occurred on the date stated above at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the Liver	1 year

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. H. Carroll, M. D.

(Address) 911 Warner St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53048

CERTIFICATE OF DEATH

53048

93-C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 N. Bond St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 69 yrs. ..... mos. ..... ds.

2. FULL NAME Louis Leon

If U. S. Veteran specify WAR .....

(a) Residence: No. 1332 N. Bond St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Samuel Leon

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Wife

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12-18-38

19. UNDERTAKER Hart & Lewis, Inc.

(Address) 1437 E. Balto St.

20. FILED ..... 19.. Huntington Wise Registrar.

DEC 18 1938

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to Dec 16, 1938

I last saw him alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Ch. Myocarditis	
Other contributory causes of importance:	

W

Was an operation performed? ..... Date of .....

For what disease or injury? W

Name of operation Plyeint

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. S. Hornstein, M. D.

(Address) 733 Lexington St.

(LRS)

F 53049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53049

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Cecil Ave St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. .. da. How long in U. S. If of foreign birth? .. yrs. .. mos. .. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore Rausch

(a) Residence: No. 2022 Cecil Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, wife wid, or divorced HUSBAND of (or WIFE of) Mary Rausch

6. DATE OF BIRTH (month, day, year) Sept. 25, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
52	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. & Irvine Co

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Rausch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Helm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eliz. Wittstum

(Address) 2022 Cecil ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 19 1938

19. UNDERTAKER John Lucas

(Address) 2100 Adams

20. FILED DEC 18 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938 to Dec. 15, 1938

I last saw him alive on Dec. 12, 1938. Death is said to have occurred on the date stated above, at 5.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mucous colitis	1902
Other contributory causes of importance:	
Secondary anaemia	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. M. Bacon M. D.

(Address) 2810 Taylor Ave. Hamilton P. O.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 53050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53050

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2550 Garrett Ave St., 9-7 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C Pfaff

If U. S. Veteran specify WAR

(a) Residence: No. 2550 Garrett Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman Pfaff

6. DATE OF BIRTH (month, day, year) April 3, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Ramming

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna V Ramming

(Address) 2550 Garrett Ave

18. BURIAL, CREMATION, REMOVAL

Place Woodlawn Cem Date Dec 19, 1938

19. UNDERTAKER John Ulrich

(Address) 2001 Edmondson Ave

20. FILED DEC 18 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-11- 1937, to 12-16- 1938

I last saw her alive on 12-16- 1938 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12-15-38
Other contributory causes of importance: Hypertension, arterio sclerosis	4-11-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton E Lang M. D.

(Address) 2117 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 53051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B F 53051

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Old York Rd. St. 9-3 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth 40 yrs. mos. ds.

2. FULL NAME Louis Roman

U. S. Veteran specify WAR

(a) Residence: No. 3600 Old York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) August 5, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sausage Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ignatz Pietrowicz

(Address) 1613 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 12/19 1938

19. UNDERTAKER William Fiaschetti

(Address) 1618 Eastern Ave

20. FILED DEC 18 1938

Huntington Williams Hyatt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address)

B—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53052

CERTIFICATE OF DEATH

1, 31

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Kentucky ave St. 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Gaertner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2200 Kentucky St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: George Gaertner

6. DATE OF BIRTH (month, day, year): Feb 27-1865

7. AGE: Years: 73 | Months: 9 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elizabeth Gaertner

(Address) 2200 Kentucky ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Dec 19-38

19. UNDERTAKER: Jos J. Dexter Sons

(Address) 3001 Kentucky ave

20. FILED ..... 19.... Registrar. Huntington Williams

DEC 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938, to Dec 15, 1938.

I last saw h.. alive on Dec 14, 1938. Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
Other contributory causes of importance:	
Broncho Pneumonia	12/10/38

Was an operation performed? No Date of .....

For what disease or injury? ✓

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

F 53053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53053

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH Home

Registered No. 872

CITY OF BALTIMORE: (No. 1712 E. Lombard St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Affidani

If U. S. Veteran specify WAR ...

(a) Residence: No. 1712 E. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] Dec. 14 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Affidani

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Citerni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Affidani Father

(Address) 1712 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Fin Laurel Cemetery Date 12/15 1938

19. UNDERTAKER Wm. J. Young Sons

(Address) 1314 Hunt St. Huntington Wilmington

DEC 18 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Dec. 5 1938

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Broadway

2. B—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53054

AS 766-FS

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Corine Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 863 W. Franklin St. St., ... Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Wilson

6. DATE OF BIRTH (month, day, year) Oct. 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 12/1/1938

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Solomon Washington

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Callie Feitt

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Parker S.C.
Place Date 12/18 1938

19. UNDERTAKER Charles Hooper
(Address) 514 N. Calhoun St

20. FILED DEC 18 1938 Huntington Willard Registrar

Lgk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1938 to 12-15 1938

I last saw her alive on 12-15 1938 Death is said to have occurred on the date stated above, at 12 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroids Uterus	?
Lobar Pneumonia	4 days
Acute Heart failure	Sudden
Other contributory causes of importance:	

Was an operation performed? yes Date of 12/10/38

For what disease or injury? Fibroids Uterus

Name of operation Panhysterectomy

What test confirmed diagnosis? Surgery Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53055

HEALTH DEPARTMENT—CITY OF BALTIMORE

53055

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 871 W. Fayette St., 18-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline M. Cooper

(a) Residence: No. 871 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benjamin F. Cooper

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Martha McGee

16. BIRTHPLACE (city or town) (State or country) Boonsboro Md.

17. INFORMANT Miss May C. Cooper
(Address) 871 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 19 1938

19. UNDERTAKER J. Aurorean
(Address) 1003 W. Baltimore St.

20. FILED DEC 18 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1938 to Dec 16 1938

I last saw her alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 4.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of Heart	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

Signed J. Aurorean M. D.
(Address) 939 W. Fayette St.

F 53056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53056

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 E. University Parkway St.) 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME J. Thomas Lyons

(a) Residence: No. 204 E. University Parkway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Valentine

6. DATE OF BIRTH (month, day, year) Sept. 1, 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. C. A. C. Boston

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Martin Lyons

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Elizabeth Halpin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Louise V. Lyons

(Address) 204 E. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 12/19 1938

(Date)

19. UNDERTAKER Henry H. Meaker and Son

(Address) 844 W. Fayette St.

Huntington Williams

Registrar.

20. FILED DEC 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 15 Dec 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1938 to 15 Dec 38, 19

I last saw him alive on Dec. 15, 1938 Death is said to have occurred on the date stated above, at abt 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (4½ hours).	15 Dec 38

Other contributory causes of importance:

Chr. Arterio Hypertension

Chr. Hypertension Nephritis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carroll Lovelace M. D.

(Address) .....

NOTE.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53057

44-J

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Pearl St. 4-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 43 yrs. mos. ds.

2. FULL NAME Vincent Cuscio

If U. S. Veteran specify WAR

(a) Residence: No. 309 Pearl St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Cuscio

6. DATE OF BIRTH (month, day, year) April 23-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Jimmie Cuscio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Filomena Impiano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Francis Cuscio
(Address) 309 Pearl St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12-19 1938

19. UNDERTAKER Lemmon Bros
(Address) 21 E. Lafayette

20. FILED DEC 19 1938 Clayton White Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8-, 1938 to Dec 16, 1938

I last saw h. alive on Dec 15, 1938 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intoxemia	12/7/38
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Brown, M. D.

(Address) 1663 N. Monroe

V6 B

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53058

HEALTH DEPARTMENT—CITY OF BALTIMORE

53058

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 N. Calvert St., 12-J Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Mapp

If U. S. Veteran specify WAR

(a) Residence: No. 2101 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of ~~the wife~~ Late John Mapp

6. DATE OF BIRTH (month, day, year) Dec 13 1871

7. AGE: Years 67 | Months 3 6 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housekeep

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

FATHER

13. NAME: Thomas J Bell

14. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

MOTHER

15. MAIDEN NAME: Katherine Owen

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: KATHERINE WALLACE

(Address) 507 ROSBOROUGH PL N.W. WASH. DC

18. BURIAL, CREMATION, OR REMOVAL

Place WASH D C Date DEC 20 19 38

19. UNDERTAKER: JOSEPH GAWLER + SONS

(Address) 1756 PENNA AVE. N.W. WASH D.C.

20. FILED 19 Huntington Pittsville Md DEC 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, and that I last saw deceased on (Inquest, Autopsy or Inquiry) and from the evidence (Inquest, Autopsy or Inquiry) I have found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/18/38
Angina	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

Signed John A Craw M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V H 6 DEC 19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

53059

CERTIFICATE OF DEATH

PENNIMAN 46-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Cathedral St. 11-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. William Bose Dobbin Penniman If U. S. Veteran write WAR

(a) Residence: No. 1122 Cathedral St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	mar

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Lloyd Sterling

6. DATE OF BIRTH (month, day, year) Mar 23 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penniman & Brown

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Elkridge Howard Co Md.

FATHER

13. NAME Nicholas G. Penniman

14. BIRTHPLACE (city or town) (State or country) Bacto Md

MOTHER

15. MAIDEN NAME Rebecca Dobbin

16. BIRTHPLACE (city or town) (State or country) Elkridge Md

17. INFORMANT Mr. Dushane, Penniman (Address) Poplar Hill Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Dec 19 1938

19. UNDERTAKER Henry W. Jenkins Sons Co (Address) 1111 Eutaw Pl. Balto. Md.

20. FILED DEC 19 1938 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Dec 17th 1938

I last saw h. alive on Dec 17th 1938 Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum	Feb 1938
Metastasis to the Liver	March 1938

Other contributory causes of importance:

Pneumonia
Arterio-sclerosis -

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Bridgman M. D.

(Address) 11 E. Chas St. Balto

V.S.

F 53060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53060

CERTIFICATE OF DEATH ✓ 210-M

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward) 26 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Louis F. Schwind

If U. S. Veteran specify WAR

(a) Residence: No. 2862 W. Mulberry St. St. ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER FATHER

13. NAME Frederick Schwind

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna L. Reus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. Schwind

(Address) 2933 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date Dec 19 1938

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

20. FILED DEC 19 1938 Washington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ___ Date of ___

For what disease or injury?

Name of operation ___ Date of ___

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Dec 14, 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Truck backing in front of 014 Poplar Grove struck Man

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ___

(Signed) R. H. Carlson M. D. Coroner

(Address) 2737 Mm

53061 HEALTH DEPARTMENT—CITY OF BALTIMORE 53061

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Mount St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 Sept yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gray

If U.S. Veteran specify WAR

(a) Residence: No. 1519 Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm Gray

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balti

FATHER

13. NAME Geo Cauzin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Edwards

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Gray

(Address) 1519 Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12 20 38

19. UNDERTAKER Thos. G. Nelson.

(Address) 1303 Pulaski St

20. FILED DEC 19 1938 H. L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29. 1938. to Dec 16. 1938.

I last saw her alive on Dec 16. 1938. Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer uterus	
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Exam Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark E. Hagner M.D.

(Address) 627 E Chase

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53062

HEALTH DEPARTMENT—CITY OF BALTIMORE

53062

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Lafayette Ave St., 16-2 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Turner

If U. S. Veteran specify WAR

(a) Residence: No. 1340 Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Va.

FATHER

13. NAME Ratliff (Larry)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mildred Turner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mildred Allen
(Address) 1340 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/19 38

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Druidman Ln

20. FILED Huntington Williams, M.D.
DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1938 to 12-15 1938

I last saw him alive on 12-15 1938 Death is said to have occurred on the date stated above, at 6:55 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	12-9-38
Other contributory causes of importance: Unknown	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Laboratory & physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank P. Saunders, M. D.
(Address) 1029 N. Stricker St.

INSTRUCTIONS.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53063

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Madison Hotel St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jacob Birnbaum

If U. S. Veteran specify WAR .....

(a) Residence: No. Lake Drive apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Gamarsh

6. DATE OF BIRTH (month, day, year) June 6, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern owner 1936

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Abraham Birnbaum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Nettie Birnbaum

(Address) Lake Drive Apts

18. BURIAL, CREMATION, OR REMOVAL

Place New York N.Y. Date Dec. 19, 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North ave

20. FILED DEC 19 1938 Huntington Williams, Asst. Registrar.

GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1	
.....	
.....	
.....	
Other contributory causes of importance:	
.....	
.....	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53064

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Roland Av St., 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth 55 yrs. 9 mos. 5 ds.

2. FULL NAME Howard Thomas Dunn

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4100 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced — HUSBAND of (or) WIFE of: Mabelle A. Dunn

6. DATE OF BIRTH (month, day, year): March 12 1883

7. AGE: Years 55 | Months 9 | Days 5 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Addison Dunn Co

10. Date deceased last worked at this occupation (month, day, year): Dec 24 1937

11. Total time (years) spent in this occupation: abt 35 yrs

12. BIRTHPLACE (City or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James F. Dunn

14. BIRTHPLACE (City or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Sarah Henderson

16. BIRTHPLACE (City or town) (State or country): Baltimore Maryland

17. INFORMANT: Mr. B. H. Dunn (Brother)

(Address) 4330 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Dec 19 1938

19. UNDERTAKER: STEWART & BOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 103 W. NORTH AVENUE

DEC 19 1938

, 19 ... Registrar.

Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 17 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1937 to December 17 1938

I last saw him alive on December 17 1938 Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	12/16/38
Uremia	12/10/38
Other contributory causes of importance: Chronic interstitial nephritis — Chronic myocarditis	years / years

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Henry M. Hansen, M. D.

(Address) 20 E. Preston Street

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 53065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53065

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton L. Farmer If U. S. Veteran specify WAR WW

(a) Residence: No. 675 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peggie Coatney

6. DATE OF BIRTH (month, day, year) February 10, 1900

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
38	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) December 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goldsboro (State or country) North Carolina

FATHER

13. NAME William Farmer

14. BIRTHPLACE (city or town) Rocky Mount (State or country) N.C.

MOTHER

15. MAIDEN NAME Susie Pearce

16. BIRTHPLACE (city or town) Goldsboro (State or country) N.C.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date Dec. 22 1938

19. UNDERTAKER Mrs. Francis A. Dempsey (Address) 2758 E. Lee St.

20. FILED Huntington Williams Registrar

DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1938 to December 16, 1938

I last saw him alive on December 16, 1938. Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, hypertrophy and dilatation (hypertensive heart disease)	1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. Anderson M. D.

(Address) U.S. Marine Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53066

CERTIFICATE OF DEATH

53066

23

17-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Watson

If U. S. Veteran specify WAR

(a) Residence: No. 1129 Brewer St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-11-16

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22yrs.	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Wilson Watson

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Bessie Chambers

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 12-22, 1938

19. UNDERTAKER William A Jackson

(Address) 910 Penna Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-15-38, 19, to 12-19-38, 19

I last saw him alive on 12-19-38, 19. Death is said to have occurred on the date stated above, at 8:00Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of left upper with miliary spread.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leo M. Eustus M. D.

(Address) Baltimore City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

53067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 53067

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward) 16-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Elmer E. Reuling

If U. S. Veteran specify WAR No

(a) Residence: No. 3315 Winterbourne Road St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of Mrs. Estelle Fox Reuling

6. DATE OF BIRTH (month, day, year) May 29, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Enameling & Stamping Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md Maryland

FATHER

13. NAME Leonard Reuling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosette Hertlowe

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Estelle Fox Reuling

(Address) 3315 Winterbourne Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 19 1938

19. UNDERTAKER J. Wm. O. Mitchell & Son

(Address) 1905 Eutaw Place

20. FILED ..... 19 .....

Registrar.

DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-1938

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1938, to December 17, 1938.

I last saw him alive on December 17, 1938. Death is said to have occurred on the date stated above, at 9:35 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 15, 1938

Other contributory causes of importance:

Hypertension	?
Arteriosclerosis	?

Was an operation performed? Yes Date of December 14, 1938

For what disease or injury? Hemorrhoids

Name of operation Hemorrhoidectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wesley J. Peters M. D.

(Address) The Church Home Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53068

HEALTH DEPARTMENT—CITY OF BALTIMORE

53068

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N. Eden St. 10-1 Ward)

Length of residence in city or town where death occurred 22 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie A. Dudley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1113 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Dudley

6. DATE OF BIRTH (month, day, year) Nov 14 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owen Sound Ontario Canada

FATHER

13. NAME Francis Molok

14. BIRTHPLACE (city or town) (State or country) Viena Md

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Harry A. Molok
(Address) 1113 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Dubutus Mem Park Date 12/19 1938

19. UNDERTAKER Mrs Ida Bailey
(Address) 1421 Jefferson St

20. FILED ..... 19 ..... Registrar

U. S. DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-38 19

22. I HEREBY CERTIFY, That I attended deceased from May 2-38 19 ..... to Dec 16-38 19 .....

I last saw her alive on Dec 15-38 19 ..... Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Disease	April 5
	8 mos.
Other contributory causes of importance: Apoplexy	8 hrs.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. A. Carnoy M. D.

(Address) 1524 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

John H. Kothe

F 53069 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53069

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 N. Fulton Avenue. St. 15-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Kothe

If U. S. Veteran specify WAR

(a) Residence: No. 2018 N. Fulton Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 30th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired-U.S.N.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telegraph Operator

10. Date deceased last worked at this occupation (month and year) 1893

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Frederick Kothe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Koehler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ina Alice Kothe

(Address) 2018 N. Fulton Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 2 C. 1938

19. UNDERTAKER W. J. Tickner & Sons.

(Address) [illegible]

20. FILED [illegible] 19 38 Registrar.

EC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and view the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 9:30 P.M.

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Nalle M. D. Coroner

(Address) 121 N. Eutaw St.

GIVE PLAINLY, WITH PEN AND INK—THIS IS A LEGAL DOCUMENT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-5-750 — 53870 — F 53020 — 122-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7 — Ward 7)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dominick Szabelski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2023 Portugal Street, Ward ..... Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Szabelski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tillie Kischulski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 20 1938

19. UNDERTAKER Lilly & Zeuler Inc.
(Address) 403 Fallsway St.

20. FILED DEC 19 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1938, to Dec 17, 1938

I last saw him alive on Dec 17, 1938 Death is said to have occurred on the date stated above, at 8.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	12-11
Other contributory causes of importance:	
Intussception	12-9
Intussusception	

Was an operation performed? Yes Date of 12-11

For what disease or injury? Intussusception

Name of operation Resection of ileum

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. E. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

53071 F 53071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 1 mon. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Harrison

If U. S. Veteran specify WAR No

(a) Residence: No. 3107 East Fairmont Ave. ~~St.~~, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mrs Gertrude Harrison

6. DATE OF BIRTH (month, day, year) October 21, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Harrison

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Savage

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Charles E. Harrison
(Address) 3107 East Fairmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 20 38

19. UNDERTAKER John A. Doran
(Address) 3000 E. Baltimore St

Filed DEC 19 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1938, to December 17, 1938.

I last saw h/m alive on December 17, 1938. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia.	9-8-38
EMPYEMA	Oct.
Retro-Peritoneal Abscess	
Secondary to Empyema.	Dec.
Other contributory causes of importance:	
ARTERIO-SCLEROSIS	?
Arterio-Sclerotic Heart dis.	?

Was an operation performed? Yes Date of December 15, 1938

For what disease or injury? Abscess of psoas muscle

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wesley J. Keys M. D.

(Address) The Church Home & Inf.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53072

#39511 SF

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 8-6 Ward)
life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gilbert Lee Orem

If U. S. Veteran specify WAR

(a) Residence: No. 1600 N. Durham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydie

6. DATE OF BIRTH (month, day, year) 5/20/1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	50	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Marion Orem

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Collins

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem'l P. Date Dec 21 1938

19. UNDERTAKER Roland E. Fuller
(Address) 60 N. Monroe St

20. FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-16 . 1938 . to 12-18 . 1938

I last saw him alive on 12-17 . 1938 Death is said to have occurred on the date stated above, at 6 13 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia 3	weeks
Empyema right chest 2	weeks
Other contributory causes of importance:	

Was an operation performed? yes Date of 12/16/38

For what disease or injury? Empyema

Name of operation Closed Drainage Rt. Chest

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify ...

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

DEC 19 1938

Jno. Williams, Jr.

F 53073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53073

CERTIFICATE OF DEATH

X √ 161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Krause

If U. S. Veteran specify WAR

(a) Residence: No. Church Street St. Brooklyn Anne Arundel Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18, 1938

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 45 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Frank Krause

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dorothy L. Fountain

16. BIRTHPLACE (city or town) (State or country) Ward Md

17. INFORMANT (Address) Joseph Frank Krause Church St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Baltimore Md Date Dec 19 1938

19. UNDERTAKER William M Marsh (Address) 715 Light St

Dec 19 1938 Registrar. Livingston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1938 to Dec. 18 1938

I last saw h[illegible] alive on Dec. 18 1938 Death is said to have occurred on the date stated above, at 7 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. R. Tennyson M. D.

(Address) St. Joseph's Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53074

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 671 E Clement St. 24-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles B Lutsche

If U. S. Veteran specify WAR .....

(a) Residence: No. 671 E Clement St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Fannie Lutsche

6. DATE OF BIRTH (month, day, year) March 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter at U.S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind. Home Co

10. Date deceased last worked at this occupation (month and year) 40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George H Lutsche

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emmaline Schaefels

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Fannie Lutsche

(Address) 671 E Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 20, 1938

19. UNDERTAKER Williams & Marcek

(Address) 746 Light St

20. FILED DEC 19 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938, to Dec 16, 1938.

I last saw him alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/14/38
Other contributory causes of importance: Myocarditis	1938

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sidney H. Streett M. D.

(Address) 421 E Fort Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

53075

HEALTH DEPARTMENT—CITY OF BALTIMORE

53075

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hosp St., 9-5 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Markoff

If U. S. Veteran specify WAR .....

(a) Residence: No. 2646 Kirk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Henry Markoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebeca List

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Markoff
(Address) 705 E 41st St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 2● 1938

19. UNDERTAKER J. Hymon Keelsner
(Address) 230 Edmondson Ave

20. FILED ... 19... [illegible] Registrar.

DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1/38, to 12/18, 1938

I last saw h-SY alive on Dec. 17, 1938. Death is said to have occurred on the date stated above, at 2:20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E E Grossman M. D.

(Address) .....

Information asked for in this report is required by law. Neglect to register this death within five days of date of death is punishable by a fine not exceeding $100. The funeral director or person in charge of interment must obtain a permit for burial, removal or cremation before proceeding with the funeral. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53076

M. D. H. 1268-9

F 53076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Towhatan Ave St. 58 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 9 yrs. mos. ds.

2. FULL NAME Nathan D. Meyerberg

(a) Residence: No. 3513 Towhatan Avenue St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Meyerberg.

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Meyer Meyerberg

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jagoth

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Meyerberg

(Address) 3513 Towhatan Ave

18. BURIAL, CREMATION, OR REMOVAL

Shaw Funeral Home Date 12/20/38

19. UNDERTAKER Jos. S. Levi Inc

(Address) 1539 E. Baltimore St.

20. FILED DEC 19 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/38. 19

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to December 19 1938

I last saw him alive on December 19, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	10 yrs
Acute Cardiac Dilatation	Dec 19 38
Pulmonary Edema	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William D. Sullivan M. D.

(Address) 2911 Harrison Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53077 HEALTH DEPARTMENT—CITY OF BALTIMORE 53077

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 1 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Mrs Lillian Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 3515 Fairview Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin F. Cohen

6. DATE OF BIRTH (month, day, year): 7-28-1912

7. AGE: Years: 26 | Months: 4 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Isaac Schafer
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Lena
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Benjamin F. Cohen
(Address) 3515 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Rosedale Date: 12-19-38 19

19. UNDERTAKER: Jack Finci Inc
(Address) 1325 Dolphin St

20. FILED ..... 19 .....
Registrar.

DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-19-38

22. I HEREBY CERTIFY, That I attended deceased from 12-3-38 to 12-19-38 19

I last saw her alive on 12-19-38 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo A. Brouillet M. D.
(Address) Bon Secours Hosp.

Information should be carefully supplied. NAME should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

53078 HEALTH DEPARTMENT—CITY OF BALTIMORE 53078

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No. 7207

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Harris Tralinsky If U. S. Veteran specify WAR

(a) Residence: No. Levindale, Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Naomi

6. DATE OF BIRTH (month, day, year) 1854

7. AGE: Years 84 | Months | Days | If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1906
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Yoskel
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Anna
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Fensterstock
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rondale Date 12/19/38

19. UNDERTAKER Jos. Levy Sons
(Address) 1439 E. Baltimore St.

20. FILED ___ 19___ Registrar

DEC 19 1938 Washington Village, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1935, to 12-18, 1938

I last saw him alive on 12-18, 1938 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis	
Chr. Card. vascular disease	
Other contributory causes of importance:	
Chr. Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Kern M.D. M. D.

(Address) Levindale

53079

HEALTH DEPARTMENT—CITY OF BALTIMORE

53079

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH St Agnes' Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Elizabeth Schabdach

If U. S. Veteran specify WAR .....

(a) Residence: No. 3704 Belair Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	WHITE	MARRIED

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of — CONRAD SCHABDACH

6. DATE OF BIRTH (month, day, year) Dec. 20-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ernest W. Maack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Daher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad L. Schabdach

(Address) 3703 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 12-19 1938

19. UNDERTAKER Philip Herring Sons

(Address) 2016 Eutaw St.

20. DEC 19 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1938 to Dec. 16 1938

I last saw h.. alive on December 16 1938 Death is said to have occurred on the date stated above, at 7:52 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculi	1933
Recurring Renal calculi	1934
Hydronephrosis	1935
Pyelonephritis & Uremia	1938

Other contributory causes of importance .....

Was an operation performed? Renal Date of {June 1933 Nov 1934 Aug 1936

For what disease or injury? Kidney & Ureteral stone

Name of operation Nephrolithotomy & Ureterolithotomy

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Coolahan M. D.

(Address) St Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 53080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53080

CERTIFICATE OF DEATH

Registered No. 167-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N Carey St. 18-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mo. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Violet Elizabeth Comeggys

If U. S. Veteran specify WAR

(a) Residence: No. 213 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 28, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Comeggys

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Melba Gibson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Melba Comeggys

(Address) 213 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Dec 19, 1938

19. UNDERTAKER Mr Katy R Williams

(Address) 3021 Edmondson Ave

DEC 19 1938

Huntington W. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938 to Dec 16, 1938

I last saw her alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 4.45 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	12/7/38
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) W. F. Harvell M. D.

(Address) 601 N Carrollton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Balto City Hospital — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 73 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Donda

(a) Residence: No. 636 N. Kenwood Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (nee) WIFE of Vaclav Donda

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Sisca

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Theresa Havlik

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Hollander

(Address) 636 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 20 38

19. UNDERTAKER Frank Grach Son 1906 Eastern Ave

20. FILED DEC 19 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Deputy Attorney or Inquiry)

studied by with Inquiry find that said deceased came (Deputy Attorney or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Dec 17 1938
Tabular Dead Disease	Years
	some time

Other contributory causes of importance: Arterio-sclerosis general

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53082

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Linden Ave St. 11-4/120 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lulie Booker

If U. S. Veteran specify WAR

(a) Residence: No. 924 Linden Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow.

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 16 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edwards Co. Va.

FATHER

13. NAME Luther Booker

14. BIRTHPLACE (city or town) (State or country) Prince Edwards Co. Va.

MOTHER

15. MAIDEN NAME Martha Booker

16. BIRTHPLACE (city or town) (State or country) Prince Edwards Co. Va.

17. INFORMANT Emily Young

(Address) 227 N. Caddi St.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Mem. Cem. Date Dec 19 1938

19. UNDERTAKER Accepted for Burial

(Address) 915 Druid Park Drive

Dec 19 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 12 20 pm.

	Date of onset
Cardiac Embolism	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams Coroner, M. D.

(Address) 1345 Hanover

V 8 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53083

HEALTH DEPARTMENT—CITY OF BALTIMORE

53083

CERTIFICATE OF DEATH

39756-FS

22

1. PLACE OF DEATH

Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 3-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. 7 yrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Savage

If U. S. Veteran specify WAR .....

(a) Residence: No. 1011 Watson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-2-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	38	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Alberta

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Douglass Mem Date Dec 19 1938

19. UNDERTAKER J. Holmes Halsted

(Address) 1 S Bond Hall Due

20. FILED DEC 19 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1938 to 12-12 1938

I last saw h/im alive on 12-11 1938 Death is said to have occurred on the date stated above, at 12⁴⁵ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frostbite gangrene toes	2 weeks
Tetanus	2 days
Other contributory causes of importance	

Was an operation performed? yes Date of 12/10/38

For what disease or injury?

Name of operation Amputation toes (3)

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Roubedeaux Jr. M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53081

HEALTH DEPARTMENT—CITY OF BALTIMORE

53081

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1333 Brunt St 17-2 107-a

CITY OF BALTIMORE: (No.) St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

2. FULL NAME Theodore Pollard

(a) Residence: No. 1933 Brunt, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster, Va.

FATHER

13. NAME Silvio Pollard

14. BIRTHPLACE (city or town) (State or country) King Ferman Co, Va.

MOTHER

15. MAIDEN NAME Matilda Bagby

16. BIRTHPLACE (city or town) (State or country) Lancaster Va

17. INFORMANT Jennette Kinzo

(Address) 1933 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Douglas Mem Cem Date Dec 19 1938

19. UNDERTAKER Appelman Halstead

(Address) 718 Druid Hill ave.

20. FILED DEC 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Knox, M. D.

(Address) 12-16 Harrison Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53085

CERTIFICATE OF DEATH

131 F 53085

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Annie S. Hoffman

(a) Residence: No. 2736 Herkimer St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw F

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME —

14. BIRTHPLACE (city or State or country) Maryland

MOTHER

15. MAIDEN NAME SUSAN MILLER

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT Edw F. Hoffman

(Address) 2809 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon P K Date 12/21 1938

19. UNDERTAKER Edward Foulon

(Address) 2809 Wash Blvd

20. FILED DEC 19 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/15/38, 19, to 12/19/38, 19

I last saw her alive on 12/18/38, 19 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PATIENT DIED FROM	
UREMIA	
SECONDARY — CHORICAL NEPHRITIS	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? PSP Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) H. E. Muse Jr. M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CALVIN

F 53086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53086

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 W Fayette St., 19-2 Ward) Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David W. Calvin

U. S. Veteran (Specify WAR)

(a) Residence: No. 1407 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Calvin

6. DATE OF BIRTH (month, day, year) June 24. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	25½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.F.L.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

13. NAME Wilbis Calvin — FATHER

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Elizabeth Glass. — MOTHER

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Anna Calvin

(Address) 1407 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Dec 20 1938

19. UNDERTAKER Martin H. E. Duffel

(Address) 372 Cam St

20. DEC 19 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy / Inquiry thereon and from the evidence thereby by said Inquest / Autopsy / Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Harman M. D.

(Address) 1822 W Baltimore St

U S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53087

CERTIFICATE OF DEATH

50 yrs. 9 B-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Cookside St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Albert Lorenz

If U. S. Veteran specify WAR ...

(a) Residence: No. 1446 Cookside Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna Lorenz

6. DATE OF BIRTH (month, day, year) Aug 2 1884 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Daniel Lorenz

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Johanna Uhlmann

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Mary McBeth
(Address) 1446 Cookside Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross & A Co Date Dec. 20 1938

19. UNDERTAKER Chas E Sterns
(Address) 601 E Fort Ave

Huntington Williams (Registered No.)

DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct-21 1938 to Dec. 18 1938

I last saw him alive on Dec. 18 1938 Death is said to have occurred on the date stated above, at 11:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and myocardial degeneration	Jan '29

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Rolland M. D.

(Address) 707 E. Fort Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53088 ✓ HEALTH DEPARTMENT—CITY OF BALTIMORE 53088

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp 9-G St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mo. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Philip Hupperman

If U. S. Veteran specify WAR

(a) Residence: No. Fullerton, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Hupperman

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME John P. Hupperman

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Mrs Mariane Wick

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Mary R. Hupperman

(Address) Fullerton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12 21 38

19. UNDERTAKER Thomas J Pace

(Address) 5305 Harford Ave

20. FILED DEC 19 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-38

22. I HEREBY CERTIFY, That I attended deceased from 12-6-38 to 12-18-38

I last saw h alive on 12-18-38. Death is said to have occurred on the date stated above, at 9:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis & Uremia	1936 ?
Arterial Hypertension	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. R. Tennyst M. D.

(Address) St. Josephs Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

M. D. P. 1268-9

Emily Thompson

F 53089

F 53089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 4th 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 7 yrs. mos. ds.

2. FULL NAME Thompson, Emily

(a) Residence: No. 304 N. Green St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thompson, George.

6. DATE OF BIRTH (month, day, year) May 29 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	19	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Johns N B

FATHER

13. NAME Henry J Brown

14. BIRTHPLACE (city or town) (State or country) St Johns N B

MOTHER

15. MAIDEN NAME Mary Dugan

16. BIRTHPLACE (city or town) (State or country) St Johns N B.

17. INFORMANT George Thompson

(Address) 308 N Green St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/20/38

19. UNDERTAKER George E Talley

(Address) Fulton & Hayden

20. FILED 12-20-38 Huntington Pollard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 17, 1938

I last saw her alive on Dec 16 1938 Death is said to have occurred on the date stated above, at 2.27 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular Disease	—

Other contributory causes of importance:

Hypnosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. T. Baltzan M. D.

(Address) Franklin Sq. Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 54977 F 53090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53090

CERTIFICATE OF DEATH

47-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sebastian Myers If U. S. Veteran specify WAR

(a) Residence: No. 1410 Linden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie

6. DATE OF BIRTH (month, day, year): Oct. 10, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Alexander Myers

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Smith

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: JOHNS HOPKINS HOSPITAL Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Dec. 21, 1938

19. UNDERTAKER: Martin Dafler & Sons
(Address): 1627 N. Monroe

20. FILED: DEC 19 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 19 to Dec 17, 1938

I last saw him alive on Dec 17, 1938. Death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	12-17
Bronchiogenic carcinoma	

Was an operation performed? Yes Date of 12-17

For what disease or injury? Bronchiogenic Carcinoma

Name of operation: Left Pneumonectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Jonas M. D.

(Address) The Johns Hopkins Hospital

State whether birth, death, or still birth is registered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53091

CERTIFICATE OF DEATH

210-M F 53091

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Robert Nicholas Schwartz — U. S. Veteran specify WAR _____

(a) Residence: No. 833 N. Linwood Avenue St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	-------

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) Sept. 1, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	13	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Schwartz

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annette Vansch

16. BIRTHPLACE (city or town) (State or country) ------- Germany

17. INFORMANT Mr. Robert Schwartz
(Address) 833 N. Linwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 12/20 1937

19. UNDERTAKER Henry W. Meaty and Son
(Address) 520 N. Eutaw St.

DEC 19 1937 Huntington Potomac, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Internal Injury	
Uremia	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Accident Oct. 15 1937 Date of injury _____, 19___

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury in St at Linwood Av x
Nature of injury in a Cardboard Box struck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. C. Allen M. D.
Coroner

(Address) 2757 Wilkens

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 F 53092

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 Baermond Ave, Ward)

Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John M Repp

If U. S. Veteran specify WAR

(a) Residence: No. 2716 Baermond Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia C Repp

6. DATE OF BIRTH (month, day, year): Dec 4 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture

10. Date deceased last worked at this occupation (month and year): Aug 30 - 1938

11. Total time (years) spent in this occupation: 30 yr

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Henry Repp

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Ament

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Anna Brokmeyer

(Address): 2716 Baermond Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Cem Date: Dec 20 38

19. UNDERTAKER: John Ellard

(Address): 2008 Pulaski St

20. FILED: DEC 19 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10 1937 to December 17 1938

I last saw h[illegible] alive on December 17, 1938 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortex Insufficiency.	
Cerebral Arteriosclerosis	
Severe Interstitial Nephritis	1937
Other contributory causes of importance: Cardiac Dilatation	10 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there An autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Emerler, M. D.

(Address) 2025 Eutaw Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53093

CERTIFICATE OF DEATH

107-a

E 53093

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Division St. 17-W Ward)

Length of residence in city or town where death occurred ... yrs. 1½ mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Francis Smith

(a) Residence: No. 1113 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/15/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 m 1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Edward Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosie Waters

16. BIRTHPLACE (city or town) (State or country) Balt. Co. Md

17. INFORMANT Rosie Waters
(Address) 1113 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19..

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 19... Wilmer M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/10/32 . 19 . to 12/12/32 . 19

I last saw h... alive on 12/13/32 . 19 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	

Other contributory causes of importance:

Acute Lobar Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Dr. H. Louise Young M. D.

(Address) 1100 Druid Park Dr.

DEC 16 1932

COMMISSIONER OF HEALTH

Dr. H. Louise Young.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53094 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53094

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 E Fayette St. 6-5 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Alston

(a) Residence: No. 1633 Fayette St., Ward. 3 20

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1888

7. AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Wash Williams

14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Richard Hudgins

(Address): 1633 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvery Date: Dec 22nd 38

19. UNDERTAKER: Ehrg & W Dean

(Address): 1000 Bruntley Av

FILED 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-18-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came to death on the day stated above.

hw

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	12/18/38
Other contributory causes of importance: —	

Was an operation performed? — Date of —

For what disease or injury —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) Geo Allen M. D.

(Address) 50 Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Printing for Universal, 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53095

CERTIFICATE OF DEATH

95-13 F 53095

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 2005 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Catherine Sullivan

(a) Residence: No. 2501 Christian St Balt. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Sullivan

6. DATE OF BIRTH (month, day, year) March 9 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg, W. Va

FATHER

13. NAME Patrick Mahoney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Riley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. J. W. Mayley (Address) 2402 E. 24 St.

18. BURIAL, CREMATION, OR REMOVAL Place Martinsburg, W. Va. Date 12/21/ 1938

19. UNDERTAKER Margaret G. Flynn (Address) 2607 N. Dallas St.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-14-38, 19... to 12-18-38, 19... I last saw h[illegible] alive on 12-18-38, 19... Death is said to have occurred on the date stated above, at 11:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-cerebellar embolism	
Coronary Thrombosis	
Complete Heart Block.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? E.K.G. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

53096 ✓ F 53096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ina Lee Hancock

(a) Residence: No. 769 W. Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of Mary Hancock

6. DATE OF BIRTH (month, day, year) ? 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT William Mohler

(Address) 764 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/20 38

19. UNDERTAKER Theo W Dill

(Address) 3109 Frederick Ave

20. FILED 19 Registrar

DEC 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 hr
Chr Myocarditis Chr Nephritis	2 yrs

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical History. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 2360 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5:30:37 5:30:37

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1864

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Upton Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Nora Crowell

(a) Residence: No. Georgia Ave Essex Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall R Crowell

6. DATE OF BIRTH (month, day, year) 3/27/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Burnett

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr John Crowell

(Address) Georgia Ave Essex Md

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/20 1938

19. UNDERTAKER John F Connelly

(Address) Essex Md

DEC 20 1938 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by Inquest Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive and Arteriosclerotic Cardiovascular-Renal Disease	
Auricular Fibrillation	
Hypostatic Pneumonia	
Other contributory causes of importance: Fracture of Pelvis	12-7-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-7 1938

Where did injury occur? Mercy Hospital Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell out of bed

Nature of injury External Force

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Wolf Coroner, M. D.

(Address) 1331 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

53098

HEALTH DEPARTMENT—CITY OF BALTIMORE

53098

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 12-B

CITY OF BALTIMORE: (No. ..... St., 1st Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased was 9 yrs. ... mon. ... da. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Willard A. Bailey

(a) Residence: No. 1609 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Willard E. Bailey

6. DATE OF BIRTH (month, day, year) Mar 1st 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Grayenhurst (State or country) Ontario Canada

FATHER

13. NAME George Pool
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Lillian Wood
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Willard E. Bailey
(Address) 609 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 21st 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED ..... 19... Huntington Williams, Registrar

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1938 to Dec 19 1938

I last saw her alive on Dec 19 1938. Death is said to have occurred on the date stated above, at 12 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Carcinoma of Pancreas	
Cirrhosis of Liver	about

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank M. Wagner M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

53099

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53099

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2145 Mt Holly St., 15-9 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie McElroy

If U. S. Veteran specify WAR .....

(a) Residence: No. 2145 Mt Holly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of Samuel McElroy

6. DATE OF BIRTH (month, day, year) Dec 25-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Keidel

14. BIRTHPLACE (city or town) (State or country) Switz.

MOTHER

15. MAIDEN NAME Katie Heissman

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mary Mason

(Address) 2135 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Brack Rock Cem Date 12-21 19 38

19. UNDERTAKER William Cox

(Address) 1217 Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938 to Dec 19, 1938

I last saw her alive on Dec 19, 1938 Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	12-16-38
Other contributory causes of importance:	
Arteriosclerosis	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Surgical Examination

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Arthur J Davies M. D.

(Address) 800 W 33rd St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

53100

HEALTH DEPARTMENT—CITY OF BALTIMORE

53100

CERTIFICATE OF DEATH

CGK--38783

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Thomas

(a) Residence: No. 219 N. High St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Dec. 24, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	78	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ~~Adam~~ Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Null

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 20 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED ..... 19.. Registrar.

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1938 to 12-16-1938

I last saw him alive on 12-16-1938 Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	?
Arteriosclerotic heart disease	?
Broncho pneumonia	6 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

None If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

53101 E 53101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 545 Dolphin St Ward 17-2)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Rosa Lillie White

(a) Residence: No. 545 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 28 38

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
0	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER
13. NAME Frank White
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Minnie L. Young
16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Minnie L Young
(Address) 545 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cem Date 12/20 1938
19. UNDERTAKER Chas E Alexander
(Address) 1200 W. Fallsway

20. FILED DEC 20 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/17/38, 19 to 12/18/38, 19 I last saw h alive on 12/18/38, 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows: 12/4/38

	Date of onset
Bronchopneumonia	
Malnutrition	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Lee Ellis M. D.
(Address) 524 Mosher

OCCUPATION is very important. See instructions on back of certificate.

53102 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53102

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 W. Hennetta St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Upshur

If U. S. Veteran specify WAR

(a) Residence: No. 433 W. Hennetta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Upshur

6. DATE OF BIRTH (month, day, year) May 5th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME James Upshur

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

17. INFORMANT Ophelia Tyras
(Address) 433 W. Hennetta St

18. BURIAL, CREMATION, OR REMOVAL
Place Mutual Cem Co Date 12/20/38

19. UNDERTAKER Isaac L Bowman
(Address) 208 W. Montgomery St

20. FILED Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1938 to Dec 17th 1938

I last saw h. alive on Dec 16th 1938. Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/14/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E S Tyrrell M. D.

(Address) 911 W Warren St

OCCUPATION is very important. See instructions on back of certificate.

C20 431

53103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53103

CERTIFICATE OF DEATH

✓ 47-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Holbrook Street St., 9-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Breighner

(a) Residence: No. 1319 Holbrook Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Unkelbach

6. DATE OF BIRTH (month, day, year) Nov. 29th, 1883

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Breighner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sophia Hicks

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary M. Breighner

(Address) 1319 Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 12/21/38

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

Registrar.

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-38

22. I HEREBY CERTIFY, That I attended deceased from 8/6/38, 19.., to 12/18, 1938. I last saw him alive on 12/18, 1938. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Lung	1 yr.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. S. Blum M. D.

(Address) 1206 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

F 53104

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53104

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 - Penn

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U.S. Veteran (specify WAR)

2. FULL NAME William Houston

(a) Residence: No. Sunshine Montgomery Co, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mollie Houston

6. DATE OF BIRTH (month, day, year): 1884

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: UnAnown

14. BIRTHPLACE (city or town) (State or country): UnAnown

MOTHER

15. MAIDEN NAME: UnKnown

16. BIRTHPLACE (city or town) (State or country): UnAnown

17. INFORMANT: Henery Houston

(Address): 900 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: West Liberty Date: Dec 23 1938

19. UNDERTAKER: F.C. Higgins & Sons

(Address): Ellicott City Md

DEC 20 1938

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 19, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Dec. 19, 1938, 19

Where did injury occur? Columbia Pike 2 Mi. W. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Highway City Road

Manner of injury: Walking in Rd. struck by Auto.

Nature of injury: ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) E.R. Ordeman M. D. Coroner

(Address) 3757 Wm

STATE OF MARYLAND—DEPARTMENT OF HEALTH
OCCUPATION is very important. See instructions on back of certificate.

V 8 6

53105

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53105

CERTIFICATE OF DEATH

1, 31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Denmore Ave St. 27-18 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Burton Tiller

(a) Residence: No. 5312 Denmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Tiller

6. DATE OF BIRTH (month, day, year) June 13 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Millington
(State or country) Kent Co — Md

FATHER

13. NAME James H. Mason

14. BIRTHPLACE (city or town) Kent Co
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Green

16. BIRTHPLACE (city or town) Kent Co
(State or country) Maryland

17. INFORMANT Celia Frances (Burton)
(Address) 5312 Denmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn cem Date 12/22 1938

19. UNDERTAKER Thos. E. Kelson
(Address) 1203 Pennsylvania Ave

DEC 20 1938, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to 12/17 1938

I last saw her alive on 12/17 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal Disease	2 yrs
Pneumonia Lobar	2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carey C. Howard M. D.

(Address) 1201 Denmore Ave

OCCUPATION is very important. Use terms that indicate kind of work done during most of working life, even if not at present employed.

VS 8

53106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53106

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Denison St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41y yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Elizabeth Heineman Volz Pedersen

If U. S. Veteran specify WAR

(a) Residence: No. 5316 Grinnon Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthon Pedersen

6. DATE OF BIRTH (month, day, year) Oct. 18th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Heineman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME ? Miller

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Mrs. Eleanor Volz Schaeffer

(Address) 2714 Hugo Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Dec. 20, 1938

19. UNDERTAKER Henry Sander & Son, Inc. Guy F. Sander

(Address) Baltimore St. & Broadway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec. 17th. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 8 1938 to December 17 1938

I last saw her alive on December 16 1938. Death is said to have occurred on the date stated above, at 10:05 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 days
Myocarditis	3 mo
Chronic Interstitial Nephritis	3 mo
Other contributory causes of importance:	
Influenza	4 days

Was an operation performed? no. Date of

For what disease or injury?

Name of Operation None Autopsy?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Harford Rd

VS 3

DEC 20 1938

F 53107

53107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Hoffman St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry S Stokes

(a) Residence: No. 1628 Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stokes

6. DATE OF BIRTH (month, day, year) Dec 25, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 55	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Albert Stokes

14. BIRTHPLACE (city or town) (State or country) Mulberry Va.

MOTHER

15. MAIDEN NAME Julia

16. BIRTHPLACE (City or town) (State or country) Prince Edward Co. Va.

17. INFORMANT Mary Stokes

(Address) 1628 Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Hebb Greenbay Va. Date Dec 20 1938

19. UNDERTAKER Mrs R A Elliott & Daughter

(Address) 1129 N Carlton St

20. FILED DEC 20 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1938, to 12/17, 1938

I last saw him alive on 12.16, 1938. Death is said to have occurred on the date stated above, at 8:10 a.m. p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-13-38
Other contributory causes of importance: chronic nephritis	?
arterio-sclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D.

(Address) 1500 E. Madison St

53108 F 53108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 18-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Evangeline Arrington

(a) Residence: No. 1526 E Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorus Arrington

6. DATE OF BIRTH (month, day, year): Feb 29-1897

7. AGE: Years 41 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Middlesex Co Va

FATHER

13. NAME: Frederick Williams

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Burke

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Dorus Arrington

(Address) 1526 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12-22 38

19. UNDERTAKER: mrs R. G. Elliott Daughter

(Address) 1129 N Carolina St

DEC 20 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-18 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Hypertension — Date of onset 12/18/1930

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Geo C Allen M. D.

Coroner

(Address) 550 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

53109 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53109

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St. 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Earl Greenwell

If U. S. Veteran specify WAR .....

(a) Residence: No. 2671 Hafer St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) December 5-1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME David O. Greenwell

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Catherine Umbrage

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Greenwell (Address) 2671 Hafer St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Cemetery Date Dec 20 1938

19. UNDERTAKER George E. Schwatt (Address) 2101 Frederick Ave.

20. FILED DEC 20 1938 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1938 to 12-19 1938

I last saw him alive on Dec. 19 1938 Death is said to have occurred on the date stated above, at 4.26 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, right lung	12-18-38
Other contributory causes of importance: Extreme Dyspnea	12-19-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph E. Muse Jr. M. D.

(Address) St Agnes Hospital

53110 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53110

CERTIFICATE OF DEATH

74

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 East Chase Street St., 11-K (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME BENJAMIN WHITELEY

(a) Residence: No. 11 East Chase Street St., 11th Ward. Baltimore, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Lucretia Reid Whiteley

6. DATE OF BIRTH (month, day, year) Aug 21 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 years	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired business executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidate Gas Co of New York

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME William Stevens Whiteley

14. BIRTHPLACE (city or town) (State or country) Caroline County, Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Emmelime Holmes

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

17. INFORMANT James Gustavus Whiteley
(Address) 223 West Lanvale St. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 20 1938

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) McCulloh & Eutaw Sts

20. FILED 19 Registrar

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937 to Dec 18, 1938

I last saw him alive on Dec 17, 1938. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erythema Bullosum Multiformi	Aug 37
Leucopenia (Malignant)	Sept 38
(Cellulitis)	Sept 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. B. Gamble Jr M. D.
(Address) 3405 N. Charles St

M. D. B. 1369

53111

HEALTH DEPARTMENT—CITY OF BALTIMORE 53111

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Druid Hill Ave St., 19th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Johns William Hixson

(a) Residence: No. 2228 Druid Hill Ave St., 19th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Violet E. Hixson

6. DATE OF BIRTH (month, day, year) April 16, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Wilmington North Carolina

FATHER

13. NAME James Hixson

14. BIRTHPLACE (city or town) (State or country) Wilmington, N.C. North Carolina

MOTHER

15. MAIDEN NAME Alice Virginia Sampson

16. BIRTHPLACE (city or town) (State or country) Wilmington North Carolina

17. INFORMANT Elizabeth Katherine Smith
(Address) 1715 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12-23 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED DEC 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933 to Dec 18, 1933

I last saw h alive on Dec 17, 1933 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ventriculoseptal Heart	[illegible]
Pulmonary tuberculosis	Oct, 1933
Tuberculosis peritonitis	Nov. 1933
Other contributory causes of importance:	
Intestinal obstruction	3 days

Name of operation None Date of

What test confirmed diagnosis Physical signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Contracted in handling mail

(Signed) John E. I. Tapper M. D.

(Address) 4.3? N. Carey St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53112 F 53112

CERTIFICATE OF DEATH

✓ 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Joseph Lotz

If U. S. Veteran specify WAR

(a) Residence: No. 1706 Cole St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward L. Lotz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Alice Manger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec. 22, 1938

19. UNDERTAKER Wm. J. Tritten & Son
(Address) North & Pa Ave

20. FILED 19
Registrar.

Huntington Williams, Hyg.

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1938 to December 19, 1938

I last saw him alive on December 19, 1938. Death is said to have occurred on the date stated above, at 7 43/11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	12/5/38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry S. Gimbel M. D.

(Address) Sydenham Hospital

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 53113

3113

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 St Paul St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jarrett T. Johnson

If U. S. Veteran specify WAR None

(a) Residence: No. 2015 St. Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Blanche Toney Johnson

6. DATE OF BIRTH (month, day, year) Feby 26-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos. Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Towle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Blanche L Johnson

(Address) 2015 St Paul

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 21, 1938

19. UNDERTAKER H. Furlong & Sons

(Address) North & Fulton

20. FILED ... 19... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7- 1938 to Dec 19th 1938

last saw h... alive on Dec 18th 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elmer B Freeman M. D.

(Address) 807 Cathedral St

V8 5

53114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53114

CERTIFICATE OF DEATH

✓ 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N Fulton Ave. St. 45-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah A. Hubbard

If U. S. Veteran specify WAR

(a) Residence: No. 1718 N Fulton Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): June 22nd 1860

7. AGE: Years 78 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Basil T. Phillips

14. BIRTHPLACE (city or town) (State or country): Cambridge Maryland

MOTHER

15. MAIDEN NAME: Catharine A. Zimmerman

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mrs. Ida Dubbs

(Address) 1718 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Dec 21 1938

19. UNDERTAKER: J. Thompson Sons

(Address) Tampa

20. FILED ... 19... ... Registrar.

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. ... 1938 to Dec 19 1938

I last saw h... alive on Dec 15 1938. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility, Myocarditis, Arteriosclerosis	

Other contributory causes of importance: Hiatus hernia, Prostatic hypertrophy, Fracture of left hip

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Visible Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) E. Edwards M. D.

(Address) 1625 N. North Ave

53115 HEALTH DEPARTMENT—CITY OF BALTIMORE 53115

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md, St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Doe or Henry Wilkison

If U.S. Veteran specify WAR

(a) Residence: No. 104 Vine Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867?, Jan. 15

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 72	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Maryland

FATHER

13. NAME Moses Wilkison

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Louise Parker

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn. Date Dec. 20 1938

19. UNDERTAKER Mrs. George N. Holland

(Address) 1631 Druid Hill Ave

DEC 20 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-13- 1938 to 12-17- 1938

I last saw him alive on 12-17-38 Death is said to have occurred on the date stated above, at 5:48 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Prior to 12-13-38
Other contributory causes of importance:	
Chronic myocarditis	Prior to 12-13-38
Chronic nephritis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas L. Schmidt M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

53116

CERTIFICATE OF DEATH

✓ 94-BF 53116

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 S. Ponca St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Martina Schunter

(a) Residence: No. 732 S. Ponca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Schunter

6. DATE OF BIRTH (month, day, year) May 15, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Mrs. Marie Borchardt.
(Address) 732 S. Ponca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Orleans [illegible] Dec 22 38

19. UNDERTAKER George W. Zurkler
(Address) 1753 E. Lafayette

20. FILED ... Registrar
DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19th, 1938

22. I HEREBY CERTIFY, That I attended deceased from October, 1937 to Dec. 19th, 1938

I last saw her alive on Dec. 19, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	3 yrs
Coronary Occlusion	1 hr 7 m
Other contributory causes of importance:	
Acute Dilatation of Heart	

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) E. J. Marr M. D.

(Address) 576 Cathedral

E 53117

53117 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 183

1. PLACE OF DEATH Balto. Water
CITY OF BALTIMORE: (No. 1800 E. Clinton St. 22-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran (specify WAR)

2. FULL NAME Catherine Brown
(a) Residence: No. 547 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married Common Law

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter A. Bonnell

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Joseph Brown
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Grace Pendelcan
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph Brown
(Address) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Apollo Mem. Date 12/20 1938

19. UNDERTAKER Joseph L. Brown & Son
(Address) 1618 W. Monroe St.

DEC 20 1938 Huntington Williams, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) stated by said (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	Dec. 17 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Not Determined Date of injury Dec. 17, 1938

Where did injury occur Ft. 1800 E. Clinton St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lock

Manner of injury Fell in Water

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Chas. V. Wood M. D. Coroner

(Address) 1712 N. Broadway

53118 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53118

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elliot Flick

(a) Residence: No. 2646 Oswego Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Estimator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Capital Plate Mfrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis F. Flick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Flick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Murray H. Klein
(Address) 2646 Oswego Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Md Date 12-20-38

19. UNDERTAKER Jack Kayne Inc
(Address) 1739 E. Baltimore St

20. FILED DEC 20 1938 Hyman Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/1938

22. I HEREBY CERTIFY, That I attended deceased from 12/12/1938 to 12/19/1938

I last saw h[illegible] alive on 12/19/1938 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	c 12/6/38
Acute exacerbation of chronic nephritis	c 6/-/38

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Arthur Dibelius M. D.

(Address) Sinai Hospital

53119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53119

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 Allendale St. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 30 mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella V. Montgallion

If U. S. Veteran specify WAR .....

(a) Residence: No. 324 Allendale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: late Eugene F. Montgallion

6. DATE OF BIRTH (month, day, year): June 17-1864

7. AGE: Years 74 | Months 6 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Elkridge Md

FATHER

13. NAME: Alex Potts.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Edwin Warner

(Address) 324 Allendale St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk. Date: Dec 20 38

19. UNDERTAKER: Geo. L. Beyer Jr.

(Address) 10 E. Holbert St

20. [illegible] H. Taylor Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938 to Dec 17, 1938

last saw h. alive on Dec 16, 1938 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular.	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. J. Freedman M. D.

(Address) 321 Allendale St.

53120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53120 (Circle 3)

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. 8-S Ward)

Length of residence in city or town where death occurred 54 yrs. ● mos. 25 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John H. Wittekindt. If U. S. Veteran specify WAR No.

(a) Residence: No. 1830 N Bond St St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henriette Wittekindt.

6. DATE OF BIRTH (month, day, year) Nov. 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year) 12-15-38

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Wittekindt

14. BIRTHPLACE (city or town) (State or country) ? Maryland

MOTHER

15. MAIDEN NAME Fredericka Thorner

16. BIRTHPLACE (city or town) (State or country) ? Maryland

17. INFORMANT Patient (Address) C.H. + I

18. BURIAL, CREMATION, OR REMOVAL Place Fallsington Mandana 12/22/38

19. UNDERTAKER Charles W. Black (Address) 7118 West Northern Parkway

20. Filed DEC 20 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1938, to Dec. 19, 1938

I last saw him alive on 12-17-, 1938. Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12-15-38
Hypertensive C-V. disease	?
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Herman Guyton, M. D.

(Address) Church Home & Infirmary

53121 ✓ F 53121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 orleans St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 23 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME annie patterson

If U.S. Veteran specify WAR

(a) Residence: No. 1711 orleans St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	c	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of alex patterson

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) V.a

FATHER

13. NAME amber allen V.a

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT goldie patterson

(Address) 1521 E. fayett st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt auburn Date dec. 1938

19. UNDERTAKER Edw Boyce

(Address) 1241 orleans st

20. DEC 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1938 to Dec-17 1938

I last saw her alive on 12-17 1938 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance are as follows:

	Duration of disease	Date of onset
Cirrhosis of liver (non-Alcoholic) Myocarditis		6/1/38
Other contributory causes of importance: Cirrhosis of liver Ascites & H.B.P.		

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Symptoms & Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James R. Blake M. D.

(Address) 924 Fairmount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

53122 — 53122

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S. Fulton Ave. St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James T. Cooke

(a) Residence: No. 505 S. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daisy Baxter Cooke

6. DATE OF BIRTH (month, day, year) Aug. 29, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Konong

FATHER

13. NAME Thomas Cooke

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Polly A. Sanford

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Daisy Cooke
(Address) 505 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 20/38

19. UNDERTAKER Harry H. Leitzke
(Address) 101 Woodlawn Ave.

20. FILED Dec 20 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec 7, 1938

I last saw h/m alive on Dec 17, 1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7 days
Other contributory causes of importance: Chronic myocarditis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) A Valas, M. D.

(Address) 417 Fulton.

GKe

53123

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53123 #39359 SF

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Grant Hunter

(a) Residence: No. 907 Bayliss St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Dec. 1872 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 or 66 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Susan Miles

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date Dec 22 1938

19. UNDERTAKER Robert McKim

(Address) 1315 McCulloh St

20. FILED 19 Registrar

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from November 26 1938 to December 18 1938

I last saw him alive on December 18 1938 Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-26-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Saulle M. D.

(Address) Baltimore City Hospitals

53121 E 53121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) John Hopkins Hospital (Street) (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Bessie Browden West
(a) Residence: No. 932 E Madison St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	Col	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carter West

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Wm Browden
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Ellen ?
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hattie Platt
(Address) 420 Prospect St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Dec 20 38

19. UNDERTAKER [illegible] McElderry Co
(Address) 1515 McCulloh St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset: 12/16/38

Acute tuberculosis pulmonary

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes or No, specify

(Signed) Geo J Allen M. D.

(Address) 50 Prospect St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53125 F 53125

CERTIFICATE OF DEATH 38655-PS

Registered No. 3H-82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10 Ward) Unknown
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles W. Moore
If U. S. Veteran specify WAR

(a) Residence: No. 726 Ansor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ New York

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME ~~Unknown~~ Sarah Townsend
16. BIRTHPLACE (city or town) (State or country) Unknown N. Y.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 23 1938

19. UNDERTAKER Robert E. Williams
(Address) 1625 Madison Ave

20. FILED DEC 20 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 3 1938 to December 19, 1938
I last saw him alive on December 19, 1938 Death is said to have occurred on the date stated above, at 12:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-3-38
Other contributory causes of importance: Bronchopneumonia	12-16-38

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. G. De Sanctis, M. D.
(Address) Baltimore City Hospitals

53126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53126

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 20 Ward) 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Tolle

(a) Residence: No. 331 Fonthill Ave., St., 20 Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 28-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Tolle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Odell Keller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Tolle
(Address) 331 Fonthill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Torrance Cem. Date Dec. 22/38

19. UNDERTAKER C. B. Tippett & Son
(Address) 1901 Eutaw Place
Huntington Williams, Nj
Registered

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 38 to 12-19, 38

I last saw her alive on Dec 19, 38 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Left Lung (Streptococcic)	1 wk.
Other contributory causes of importance Pleural Effusion left	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse Jr M. D.
(Address) St Agnes Hosp

53127 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53127

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, MD. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 11-2 Ward)

Length of residence in city or town where death occurred 45 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W.W.

2. FULL NAME William F. Walters

(a) Residence: No. 1437 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Brown

6. DATE OF BIRTH (month, day, year) Oct. 12, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stafford's

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

FATHER

13. NAME William F. Walters, Sr.

14. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Walters

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Records-U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date Dec. 20-38

19. UNDERTAKER F. B. Wisbert & Son
(Address) 1300 EUTAW PLACE.

20. FILED DEC 20 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1938 to December 17, 1938

I last saw him alive on December 17, 1938 Death is said to have occurred on the date stated above, at 3:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced.	undet.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Clin. findings.

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. M. H. a dure, M. D.

(Address) U.S. Marine Hospital, Balto., Md.

DEC 20 1938 Harry E. Williams, Registrar

53128 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53128

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providance Hospital St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anthony Jackson

(a) Residence: No. 1637 N.Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry G

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME W.T. Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Laura Spencer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Laura Jackson
(Address) 1637 N.Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Dec 21, 1938

19. UNDERTAKER J. Brooke
(Address) 1463 Eaton St

DEC 20 1938 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury, Dec. 18, 1938, 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sidewalk

Manner of injury Auto struck lamp post or Bruce Grassman St post struck him on sidewalk

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G.B. Claflin M. D.
Coroner

(Address) 2357 Mass Ave

3129 ✓ F 53129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 W Franklin St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Bunch

(a) Residence: No. 1506 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Daniel Bunch

6. DATE OF BIRTH (month, day, year) May 14th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington N. Carolina

FATHER

13. NAME Charles Williams

14. BIRTHPLACE (city or town) (State or country) Jones City N Carolina

MOTHER

15. MAIDEN NAME Caroline Williams

16. BIRTHPLACE (city or town) (State or country) Swanboro N. Carolina

17. INFORMANT Daniel Bunch
(Address) 1506 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 21, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 522 N Schroeder St

20. FILED Dec 21 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1938 to Dec 18, 1938

I last saw her alive on Dec 18, 1938 Death is said to have occurred on the date stated above, at 3:08 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	8/15/38
Angina Pectoris	
Hypertension	

Other contributory causes of importance:

Bronchopneumonia Influenza

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert L. Laforet M. D.
(Address) 522 N. Broad St

53130

HEALTH DEPARTMENT—CITY OF BALTIMORE

53130

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 12-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Baron

(a) Residence: No. ..... St., ... Ward. Chester, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman - oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) Oct., 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chester,
(State or country) Penna.

FATHER

13. NAME John Baron

14. BIRTHPLACE (city or town) ?
(State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ?
(State or country) Poland

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hanover Date Dec. 20, 1938

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. Montgomery St.

20. FILED DEC 20 1938 Hunting Park Ave. Phila.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1938 to December 17, 1938

I last saw him alive on December 17, 1938 Death is said to have occurred on the date stated above, at 1:26 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced.	Apr. 1936
Fistula, pleuro-bronchial	12/16/38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/4/38; 12/16/38

For what disease or injury? Tuberculosis, pulmonary, far advanced;

Name of operation pneumothorax, artificial; thoracoplasty, 1 stage;

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T. B. W. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto., Md.

a 8

F 53131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53131

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Geo. L. Sweeney

If U. S. Veteran specify WAR

(a) Residence: No. Waterloo Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lula M. Sweeney

6. DATE OF BIRTH (month, day, year) July 4, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles Co
(State or country) Maryland

FATHER

13. NAME UNKnown

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary B. Dyson

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Lula M. Sweeney (wife)
(Address) Waterloo Md.

18. ~~BURIAL, CREMATION,~~ or REMOVAL
Place Washington, D.C. Date Dec. 20, 1938

19. UNDERTAKER Edward P. Walsh Company
(Address) 108 N. North ave.

DEC 20 1938 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Dec. Date of injury 19

Where did injury occur? 1 mile So. of Waterloo, Wash Blvd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by Auto while crossing

Nature of injury Road

24. Was disease or injury in any way related to occupation of deceased?

No If so, what?

(Signed) Coroner, M. D.

(Address)

V 2 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

53132 CERTIFICATE OF DEATH 53 F 53132

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Homewood Terrace St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine A. Reddington

(a) Residence: No. 234 Stonewood Terrace St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Reddington

6. DATE OF BIRTH (month, day, year) Jan 6 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick O'Dea

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James C. Reddington

(Address) 234 Homewood Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 22 1938

19. UNDERTAKER Ritz Wiedefeld

(Address) 7 E. Cranmount Ave

20. FILED DEC 20 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1937 to 12/19 1938

I last saw h... alive on 12/19 1938. Death is said to have occurred on the date stated above, at 10:41 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Myeloma	1937
Other contributory causes of importance: Cardio Renal Vascular Disease	1937

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Exam + Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Lear M. D.

(Address) 706 Med. Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53133

CERTIFICATE OF DEATH

H6-9 F 53133

1. PLACE OF DEATH Union Memorial Hosp · Registered No.

CITY OF BALTIMORE: (No. 33rd & Calvert St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mary Hopkins Whitelock If U. S. Veteran specify WAR

(a) Residence: No. Altman Apts 31st & Calvert Sts St., Ward. Cty (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~ (write the word)
Fem	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	82	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burlington Vermont

FATHER

13. NAME George A. Whitelock

14. BIRTHPLACE (city or town) (State or country) Burlington Vermont

MOTHER

15. MAIDEN NAME Emma Hotchkiss

16. BIRTHPLACE (city or town) (State or country) Burlington Vermont

17. INFORMANT Emma Whitelock

(Address) 31st & Calvert St Altman Apts

18. BURIAL, CREMATION, OR REMOVAL Place Burlington Vt Date Dec 22 1938

19. UNDERTAKER Guy M Jenkins Inc

(Address) 9 Calvert St Baltimore Md

20. FILED DEC 20 1938 Huntington Williams Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/38. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th 1938. to Dec 20 1938

I last saw her alive on 12/19 1938. Death is said to have occurred on the date stated above, at 6.28 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the rectum with metastasis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12/7/38

For what disease or injury? Exploratory Lap.

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hammond J Dugan M. D.

(Address) U M H

53134

HEALTH DEPARTMENT—CITY OF BALTIMORE

53134

CERTIFICATE OF DEATH UGK--37131 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Williams

(a) Residence: No. 105 W. 20th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year) 1-14-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Ann Patrick

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT City Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Lukes Cem. Date Dec 20th 1938

19. UNDERTAKER Archibald A Gaddis
(Address) 2141 McCulloh St.

20. FILED 19 H. Eugene Williams, Registrar

DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-18 1938 to 12-18 1938

I last saw him alive on 12-18 1938 Death is said to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis and Lung Abscess ?	
Broncho pneumonia	12/17
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12/14/38

For what disease or injury? Bronchiectasis

Name of operation Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53135

CERTIFICATE OF DEATH

79-a F 53135

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sydenham Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll Jennings

If U. S. Veteran specify WAR

(a) Residence: No. 1316 E Layington St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Dont Know

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Not obtained

6. DATE OF BIRTH (month, day, year) Not obtained

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Appard	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not obtained

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not obtained

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unnamed

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ..., 19

JOHNS HOPKINS MEDICAL SCHOOL DEC 20 1938

Commissioner of Health

19. UNDERTAKER

(Address)

per H. A. Moore

20. FILED DEC 20 1938 H. Huntington Williams, Registrar

4185

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1938, to Nov 13, 1938

I last saw him alive on Dec 13, 1938 Death is said to have occurred on the date stated above, at 11 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral spinal Meningitis	
Pneumococcic	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Lumbar puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G Fellows, M. D.

(Address) Sydenham Hosp

53136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53136

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 194 B OC Registered No. 892

CITY OF BALTIMORE: (No. Bay View St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Arthur Bollies U.S. Veteran specify WAR.

(a) Residence: No. 418 O'Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29-90

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18 19	11	11 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar wrapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric Co.

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 8 Mo

12. BIRTHPLACE (city or town) (State or country) Wierton W. Va.

FATHER

13. NAME Harry T Bollies

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Bertha Balon

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs. Bertha Bodies wife
(Address) 418 O'Donnell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 24 1938

19. UNDERTAKER John J Connelly.
(Address) Essex, Md.

20. FILED Dec 26 1938

Hunting for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Hemorrhage	Dec 23 1938
Dislocation Cervical Vertebrae	
Hemiplegia Left Side	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec 23 1938

For what disease or injury? Dislocation Vertebrae

Name of operation Reduction dislocation Date of Dec 23 1938

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 23 1938

Where did injury occur? 228 Rappold Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place School Grounds

Manner of injury Playing Football

Nature of injury Dislocation Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. C. Woods M. D.
Coroner

(Address) 1712 N. Wood St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53137

CERTIFICATE OF DEATH

714 Fulton Ave
93-C F 53137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 Pressman St. St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia E. ~~Slosson~~ SLOSSON

(a) Residence: No. 3220 Pressman St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Dec. 27, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Smith Arkansas

FATHER

13. NAME John H. Slosson

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Mary L. Illouselle

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Kathryn P. Barter
(Address) 3220 Pressman St

18. BURIAL, CREMATION, OR REMOVAL

Place Pk. Hill (West V.) Date Dec 22, 1938

19. UNDERTAKER W. Sherman Cook
(Address) 1217 St. Paul St

20. FILED DEC 20 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1938, to Dec. 20, 1938

I last saw h.. alive on Dec 18, 1938 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Debility of aged	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Covell Summers M. D.

(Address) Catonsville, Md.

53138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 F 53138

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Hollins St. 20-th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Fisher

(a) Residence: No. 2115 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Fisher.

6. DATE OF BIRTH (month, day, year) Sept 21, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	✓	✓	1 ✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Modiste, Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John Dropt
(Address) 2115 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

DEC 20 1938
Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938 to Dec 3 1938

I last saw her alive on Dec 3, 1938 Death is said to have occurred on the date stated above, at 10 15 m.
A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Yates M. D.

(Address) 523 Scott St.

4486

53139 E 53139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Kenneth Square St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas William Carey

If U. S. Veteran specify WAR

(a) Residence: No. 422 Kenneth Square St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Grace Carey

6. DATE OF BIRTH (month, day, year) Mar 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco - Wholesale

10. Date deceased last worked at this occupation (month and year) 12-12-38

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Augustus J. Carey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna C. McNamara

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Grace C. Carey

(Address) 3607 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fun Cathedral Date 12/21, 1938

19. UNDERTAKER Geo. T. Rose & Sons

(Address) 3708 Eastern Ave

20. FILED DEC 20 1938 Wm. H. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1938, to 12-19, 1938

I last saw him alive on 12-14, 1938 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. disease	
Angina Pectoris	12-1-38
Coronary Thrombosis	12-14-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Nelson Carey M. D.

(Address) 1014 Fidelity Bldg.

F 53140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53140

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Eden St. St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 4 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...dys.

2. FULL NAME Charles Pawlowski

if U. S. Veteran specify WAR .....

(a) Residence: No. 317 S. Eden St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Pawlowski

6. DATE OF BIRTH (month, day, year) Sept. 14 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
33	3 4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

FATHER

13. NAME Konstanty Pawlowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Helen Pawlowski Wife

(Address) 317 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 21 '38

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

20. FILED DEC 20 19[illegible] Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1938, to Dec. 18, 1938

I last saw h.fem. alive on 12/17/38, 19.... Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral pulmonary tuberculosis	unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Michael J. Weirich, M. D.

(Address) 526 S. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53141

CERTIFICATE OF DEATH

94-D F 53141

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Cedric Road St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Effie Stahl

U.S. Veteran (specify WAR)

(a) Residence: No. 1907 Cedric Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 15th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress-Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County, Md.

FATHER

13. NAME Francis H. Clements

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Ware

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Rhena Clements
(Address) 1907 Cedric Road.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 23rd. 1938

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna Aves.

20. FILED DEC 20 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15. , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 11, 15 days

	Date of onset
Coronary Occlusion.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53142

CERTIFICATE OF DEATH

46-c F 53142

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward) 8-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 7 mos. 20 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. Roland Pumphrey

If U. S. Veteran specify WAR .....

(a) Residence: No. 2138 East Federal St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Margaret Pumphrey

6. DATE OF BIRTH (month, day, year) April 29, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edgar Pumphrey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna Bosley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Margaret Pumphrey (wife)

(Address) 2138 E. Federal Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec 22, 38

19. UNDERTAKER Wm. H. Tyler Newton

(Address) North Pa.

20. FILED ..... 19..... Registrar

DEC 20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1938, to December 19, 1938.

I last saw him alive on December 19, 1938. Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of recto-sigmoid colon with generalized Carcinomatosis.	1937
Other contributory causes of importance: Intestinal obstruction due to carcinoma.	3 wks.

Was an operation performed? Yes Date of April 1938

For what disease or injury? Carcinoma of recto-sigmoid colon

Name of operation Pre sigmoidostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Keyser M. D.

(Address) The Church Home & Inf.

F 53143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-DF 53143

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 E. 39th St. 12-1 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Amelia Merritt

If U. S. Veteran specify WAR .....

(a) Residence: No. 3 E. 39th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo Levin Merritt

6. DATE OF BIRTH (month, day, year) May 11, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Martin Heyn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Klingelhoffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Martin H. Merritt

(Address) 3 E. 39th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 21 1938

19. UNDERTAKER C. M. Nickum Sons

(Address) Noel & Fallows.

20. FILED DEC 20 1938 19.... Wm. F. O'Brien REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1938 to Dec 19 1938

I last saw her alive on Dec. 19, 1938. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset Dec 5 '38

Other contributory causes of importance: arteriosclerosis — Several years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Ledlie Ergott M. D.

(Address) 7945 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53144

CERTIFICATE OF DEATH

92-a

F 53144

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N. Gilmor St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Susan Jones

(a) Residence: No. 706 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William A. Jones

6. DATE OF BIRTH (month, day, year) May 26, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

FATHER

13. NAME William A. J. Isaac

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER

15. MAIDEN NAME Susan Oliver

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. William A. Jones
(Address) 706 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec. 21 1938

19. UNDERTAKER J. T. Amoreau
(Address) 1003 N. Baltimore St.

20. FILED Huntington Williams, Mgr.
DEC 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to Dec 18 1938

I last saw her alive on Dec 18 1938 Death is said to have occurred on the date stated above, at 3.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cahexia Refractis	about 2 yrs
arterio Sclerosis	about 8 yr
Other contributory causes of importance:	
Aortic Stenosis and	1 month
Dilatation of Heart	2 months

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Hattie E. Knobeman M. D.

(Address) Greenway apt Chas & 34th

3145

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53145

CERTIFICATE OF DEATH

Registered No. 169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Rudenick Lucas

(a) Residence: No. Wallabury St., Ward. W. Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellabury W. Va.

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT John Hopkins Hospital

(Address) Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Brooke Wellabury Date 12/24/38

19. UNDERTAKER Floyd Chambers

Wellabury W. Va. Jesse Lucas

21 1938 19 Registrar

Huntington Fairmont, W. Va.

V 8 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12/16/38

For what disease or injury? Brain Tumor (?)

Name of operation Removal of Tumor Date of

What test confirmed diagnosis? Quit Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 12/20, 1938

Where did injury occur Hopkins Hospital - Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury jumped out 7th floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify

(Signed) Paul Schleicher M. D.

Coroner

(Address) Coroner

53146

HEALTH DEPARTMENT—CITY OF BALTIMORE

53146

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret P. Thorpe

If U. S. Veteran specify WAR

(a) Residence: No. 2229 E. North Ave St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Aug 11, 1936

7. AGE: Years 2 | Months 4 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Earl H. Thorpe

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Bertha E Stickler

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mr Earl H. Thorpe

(Address) 2229 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 12/22/1938

19. UNDERTAKER: John J Conner & Son

(Address) 601 Fulton St

20. FILED: DEC 21 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-20-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-15-38, 19..., to 12-20-38, 19...

I last saw her alive on 12-20-38, 19... Death is said to have occurred on the date stated above, at 8:55 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	
both lower lobes	12-17-38
Cirrhosis (Parenchymatous?)	
nephritis	12-8-38
Other contributory causes of importance:	
Hepatomegaly.	
cause unknown	?

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Knight, M. D.

(Address) St. Joseph's Hospital

3147

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 53147

CERTIFICATE OF DEATH

92-a

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Addie Brown

(a) Residence: No. 20 W. Lafayette Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26-1915 Yrs

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	11 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Silas Brown (d)

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Fannie Tyler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Fannie Brown

(Address) 20 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Douglass Mem'l Date Dec 21 1938

19. UNDERTAKER Adolphus Holstead

(Address) 918 Druid Ave.

DEC 21 1938 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1 year
Other contributory causes of importance: Arterio-Sclerosis	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Bond St.

148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53148

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran (specify WAR)

2. FULL NAME James Wood
(a) Residence 1508 Brentwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lyvania Wood
6. DATE OF BIRTH (month, day, year): — 9 1909
7. AGE: Years 29; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: private
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rockingham N C

MOTHER FATHER
13. NAME: Thomas Forde
14. BIRTHPLACE (city or town) (State or country): N. C.
15. MAIDEN NAME: Mattie Leney
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INTERMENT (Address): Mrs Matilda Wagstaff 2408 Madison Ave
18. BURIAL, CREMATION, OR REMOVAL: Douglas Mem Cem. Date Dec 22 1938
19. UNDERTAKER (Address): Lapsley Halstead Co 1518 Pennsylvania Ave.
20. FILED Huntington Williams, Registrar.

Dec 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) had that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: Patient June 1938

Other contributory causes of importance:

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jerger Allen M. D.
(Address) 580 Augusta St

E 53149
#39025

53149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F SF

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Addison Or. Hanibal E. Briscoe

(a) Residence: No. 916 Park Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ann

6. DATE OF BIRTH (month, day, year): 3/2/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Hanibal

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Charlotte Steward

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Dec 21 1938

19. UNDERTAKER: Adolphus Halsted & Son

(Address) 918 Eutaw Pl.

20. FILED DEC 21 1938 Registrar, Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1938, to December 18, 1938

I last saw alive on December 18, 1938 Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. De Santville M. D.

(Address) Baltimore City Hospitals

53150 Parker F 53150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 315 N Carey St. (Or) 18-2 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Elsie Parker

If U. S. Veteran specify WAR

(a) Residence: No. 315 N Carey St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co, Va

FATHER

13. NAME Henry Parker.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elnora Parker.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elnora Parker Mother

(Address) 315 N Careystr.

18. BURIAL, CREMATION, OR REMOVAL

Place Accomac Co. Va Date Dec 23rd 1938

19. UNDERTAKER Ellery O Wilson

(Address) 1000 Brantley Ave

20. FILED ...19... Registrar

DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1938 to Dec 19, 1938

I last saw her alive on Dec 19, 1938 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Dec 17 1938

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

53151

HEALTH DEPARTMENT—CITY OF BALTIMORE

53151

CERTIFICATE OF DEATH

39886 (13) 11-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lee Andrew Wiggins.

(a) Residence: No. 420 N. Eden Street. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/6/1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Joseph Henry Williams

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Edna Wiggins

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec. 21st 1938

19. UNDERTAKER Edwin O. Wilson

(Address) 1000 Pennsylvania Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1938 to Dec 18 1938

I last saw h/it alive on Dec 18 1938 Death is said to have occurred on the date stated above, at 9.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INFLUENZAL MENINGITIS	12/10/38
LOBULAR PNEUMONIA	12/10/38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Corbin M. D.

(Address) Baltimore City Hosp.

Dec 21 1938 Burial Permit Issued

3 C

3152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33152

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 N. Natth ave St., 15th Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... da. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Kramer

(a) Residence: No. 1734 N. Natth ave St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Nee Roffel

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Kaufman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kaufman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Miss Gertrude Kramer

(Address) 1734 N. Natth ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rim Date 12-21-38

19. UNDERTAKER Levy Bros Inc

(Address) 1439 E. Baltimore St.

20. FILED DEC 21 1938 Huntington Williams Registrar

BHL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938 to Dec. 20 1938

I last saw him alive on Dec. 20 1938. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	11 days
Other contributory causes of importance: Hemiplegia	8 mos

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney J. Levy M. D.

(Address) 2324 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

3153 F 53153

CERTIFICATE OF DEATH

Dr. Shaw 46-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2449 Shirley Ave St. 15-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME Rose August

If U. S. Veteran specify WAR

(a) Residence: No. 2449 Shirley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Simon August

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lab

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Henida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Arthur August - Son
(Address) 2449 Shirley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Staten Island N.Y. Date 12/22/38

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED DEC 21 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/38. 19

22. I HEREBY CERTIFY, That I attended deceased from July 5 1938. to Dec 20 1938, 19

That saw h 20 alive on Dec 20 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Carcinomatosis	About 6 mos
Other contributory causes of importance:	

Was an operation performed? Yes Date of Aug 5 1938

For what disease or injury? Mass in Abdomen

Name of operation Exploratory Laparotomy Excision Mass

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) 1 E Lexington St Balto

3154

HEALTH DEPARTMENT—CITY OF BALTIMORE

S 53154
#37945

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Bennett

(a) Residence: No. 1731 Maryland Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/29/1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME George

14. BIRTHPLACE (city or town) S.C. (State or country)

MOTHER

15. MAIDEN NAME Geneva Willis

16. BIRTHPLACE (city or town) S.C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 12-21- 1938

19. UNDERTAKER Bryant Mamie V. Wright (Address) 1218 McElderry St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1938 to Dec 20 1938

I last saw h. alive on Dec 9 1938. Death is said to have occurred on the date stated above, at 4.5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Oct '38
Tuberculoma of brain	

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph M. Cook M. D.

(Address) Baltimore City Hospitals

53155

HEALTH DEPARTMENT—CITY OF BALTIMORE

53155

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 N. Smallwood St. 15-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy May Whisner

(a) Residence: No. 2137 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (or) WIFE of Stewart Whisner

6. DATE OF BIRTH (month, day, year) Sept. 6. 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME W. B. Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lillie McNeal

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lillie Jones

(Address) 2137 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 12-23-38

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

20. FILED 19 Huntington Williams

DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936 to Dec. 20, 1938

I last saw her alive on Dec. 17, 1938 Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Cardiac Dilatation	1935
Ch. Valvular Heart Disease (mitral stenosis)	1935
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical, X ray, Autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

3156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53456

✓ 107-a SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18-20 yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Queen

If U. S. Veteran specify WAR

(a) Residence: No. 116 S. Stockton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb ~~1870~~? 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ? 53	10 9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bag Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bet. Potters Date Dec 21 1938

19. UNDERTAKER A. Lesko

(Address) 111 S. Bethune St

20. FILED 19 Huntington Wiss

DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 17 1938 to December 19 1938

I last saw him alive on December 19 1938. Death is said to have occurred on the date stated above, at 1 00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-17-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeLouette, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

53157 F 53157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 S. East Ave. St. 26-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Pollack

(a) Residence: No. 337 S. East Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME John Pollack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hepper

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Johanna K. Brotzo
(Address) 337 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date 12/21 1938

19. UNDERTAKER John F. Connelly
(Address) Essex, Md.

20. Filed DEC 21 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 - 1938 to Dec. 18 - 1938

I last saw her alive on Dec. 17 - 1938 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Chest + Breast	1936
Other contributory causes of importance: Metastases	

Name of operation Removal of Breast Date of 1936

What test confirmed diagnosis? Biopsies Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. D. Kerr M. D.

(Address) 408 Cathedral Park Ave

53158 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53158

CERTIFICATE OF DEATH

1. PLACE OF DEATH Aged Men's Home

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave St.) 16-1 (Ward)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha Griffith

If U. S. Veteran specify WAR

(a) Residence: No. Aged men's Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Feb. 1850

8. AGE: Years 88 | Months 10 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

MOTHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): "

FATHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mrs Mattie Brayton

(Address) 1911 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 12-22 1938

19. UNDERTAKER: Mrs. Francis A. Hendley

(Address) 571 W. Pratt St.

20. FILED 19 Registrar.

DEC 21 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1938 to Dec 19, 1938

I last saw h alive on Dec 19, 1938 Death is said to have occurred on the date stated above, at 2:00 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	1 / 1
Other contributory causes of importance: old age	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wheeler, M. D.

(Address) 1230 Druid Hill Ave

3159 F 53159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona St., 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha A. Woodall

If U. S. Veteran specify WAR To.

(a) Residence: No. 2309 N Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
F.	W.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G Woodall

6. DATE OF BIRTH (month, day, year) Nov 22-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	X	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hyde Co. N.C.

FATHER

13. NAME McIntosh

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Burrus

16. BIRTHPLACE (city or town) (State or country) Hyde Co. N.C.

17. INFORMANT Mrs Ethel Pindell

(Address) 2309 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Fr. Co. Pk.

Place Lutherville Md. Date Dec 21 1938

19. UNDERTAKER Edwin H. Steele & Son

(Address) 2309 N. Charles St.

Huntington Tillmann, Registrar

DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct - 5 1938, to Dec - 21 1938

I last saw h alive on Dec 20 1938 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left Breast — Date of onset Jan 1937

Other contributory causes of importance: chr. Nephritis — ?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. Davidow M. D.

(Address) 3227 Eastern Ave

3160

HEALTH DEPARTMENT—CITY OF BALTIMORE

53160

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name of Hospital) Marion Memorial Hospital 27-9 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Elsie H. Lane

(a) Residence: No. 4218 Lock Raven Blvd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed.

6a. If married, widowed, or divorced (or) WIFE of Lewis M. Lane

6. DATE OF BIRTH (month, day, year) October 9, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kept house for son.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME Col. William Hall.

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland, O. Date Dec 20, 1938

19. UNDERTAKER J. M. Nicholson & Son

(Address) Baltimore, Md.

20. FILED ..... 19..... Huntington Willis Registrar

DEC 21 1938

GPB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1938, to December 20, 1938

I last saw her alive on 12/20/38, 1938. Death is said to have occurred on the date stated above, at 2:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?
Cardiac Failure	11/1/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Robert C. Crawford M. D.

(Address) Marion Memorial Hospital

53161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53161

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Linden Ave. St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernestine Chenoweth

(a) Residence: No. 1210 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Bradford Chenoweth

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Barbara Emory

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Camille Chenoweth

(Address) 1210 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 11/6/38

19. UNDERTAKER Harry A. Mitchell

(Address) 416 E Lanvale Ave

20. FILED 19 [illegible] Registrar

NOV 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938, to Nov 20, 1938

I last saw her alive on Nov 19, 1938. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	Unknown
Other contributory causes of importance:	
Cerebral Apoplexy	Nov 3/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Unknown Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) M Brunn and Hood M. D.

(Address) 2200 Garrison Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

53162 53162

CERTIFICATE OF DEATH

160-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 16-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Messenger

(a) Residence: No. 3171 Prestman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 19, 1938

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	1 32	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) .....

MOTHER FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country) .....

17. INFORMANT ..... (Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER Harry E. Mutter (Address) .....

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1938 to December 20, 1938

I last saw h[illegible] alive on December 20, 1938. Death is said to have occurred on the date stated above, at 8 [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Spontaneous delivery)	11/19/38
	now

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Louis P. Klemtzowski M. D.

(Address) Maryland General Hospital

DEC 21 1938

Wayne B. Steinhice- White 53163

53163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 24-3 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Wayne B. Steinhice White

(a) Residence: No. 1005 William St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15 - 1932

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	6	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William Steinhice

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Alice Ellis

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mother
(Address) 1005 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec. 21 1938

19. UNDERTAKER L. Howard Strong
(Address) 715 Light St.

20. FILED Dec 21 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1938 to December 20, 1938

I last saw h... alive on December 20 1938 Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsillar Diphtheria	12/13/38
Other contributory causes of importance: acute myocardial failure	12/19/38

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? Throat culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Wm B. Steele, M. D.

(Address) Lyndenham

F 53164

53164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N Bethel St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John Smothers

(a) Residence: No. 614 N Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha Smothers

6. DATE OF BIRTH (month, day, year) July 3, 1835

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	103	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~none~~ Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catharine ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Viola Johnson (Granddaughter) (Address) 614 N Bethel St

18. BURIAL, CREMATION, OR REMOVAL Place U.S. National Cem Date Dec 21 1938

19. UNDERTAKER Robert E Williams (Address) 15-15 McElderry St Huntington Williams, Mgr.

FILED DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1938 to Dec 18, 1938

I last saw ~~him~~ alive on Dec 18 1938. Death is said to have occurred on the date stated above, at 1 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Dec 17, 1938
	Complication

Other contributory causes of importance:

Myocarditis, Nephritis Interstitial Final Congestion

Was an operation performed? no Date ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Young M. D.

(Address) 1734 E Monument St

53165 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53165

CERTIFICATE OF DEATH

X/95-13

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton avenue St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Vincent Echevarde

If U. S. Veteran specify WAR

(a) Residence: No. Harney, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 87 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME John Echenrode

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Mangonna

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Jakes Date Dec 24 38

19. UNDERTAKER C O Russell & Son
(Address) Taneytown Md

20. FILED 19 Registrar

DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/38

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938, 19 to Dec. 20, 19 38
I last saw him alive on Dec 20, 19 38 Death is said to have occurred on the date stated above, at 1140 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Arteriosclerotic Cardiovascular disease	?
Cerebral hemorrhage with left hemiplegia	
Other contributory causes of importance:	
Cardiac failure	12 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lochar E Wise Jr. M. D.

(Address) Jenkins Memorial Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

53166

53166

CERTIFICATE OF DEATH

X 94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Samuel R Gilly

If U. S. Veteran specify WAR .....

(a) Residence: No. Clarksburg, West St., Va. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	11	23?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

MOTHER / FATHER

13. NAME Mr. Robert Gilly

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Charlotte E. McCompleton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT C. Gilly

(Address) 2432 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill ; Date 12/23 19

19. UNDERTAKER Geo. D. Conner & Sons

(Address) 1701 Pennsylvania Ave

20. FILED DEC 21 1938, 19 ... Registrar, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1938, to 12-19, 1938

I last saw him alive on 12-17, 1938 Death is said to have occurred on the date stated above, at 4:07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12-10-38
Coronary Thrombosis	?
Bundle Branch Block (Lft)	1928?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Frank M. Weaver, M.D.

(Address) Union Memorial Hospital.

8

53167 HEALTH DEPARTMENT—CITY OF BALTIMORE 53167

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 E. 25th. St. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs., mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Blanche I. Bowie

(a) Residence: No. 120 E. 25th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Reginald Bowie

6. DATE OF BIRTH (month, day, year): Oct. 7. 1857

7. AGE: Years 81; Months 2; Days 12; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

MOTHER

13. NAME: Wdwin Crouch

14. BIRTHPLACE (city or town) (State or country): Md.

FATHER

15. MAIDEN NAME: Mary R. Hurtt

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Clarence K. Bowie

(Address): 106 Charlvoat Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: 21. 1938 19

19. UNDERTAKER: John C. Mitchell & Son

(Address): 1900 Eutaw Place

20. FILED 19 Registrar.

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 19 29, to Dec 19 19 38

I last saw her alive on Dec 19 19 38. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

Acute Atelectasis — Date of onset Dec 17/38

Other contributory causes of importance:

Diabetes mellitus — Long standing

gangrene of toe — 1935

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno A Luetscher M. D.

(Address) 12 E. Eager St.

53168 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53168

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil Aparts, N. Eutaw St 11-H Ward)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie W. Armstrong

(a) Residence: No. Cecil Aparts. Eutaw & Dolphin Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 11, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James D. Armstrong

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. James Motley

(Address) 203 Goodwood Gardens

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec 22, 1938

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Dec 20, 1938

I last saw h[illegible] alive on Dec 20, 1938 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Arteriosclerosis — Date of onset Gradual

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so,

(Signed) W. H. Woody M. D.

(Address) Park Ave.

53169

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53169

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 E. 35th St., 9-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. Unknown How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Bertha Werner

If U. S. Veteran specify WAR

(a) Residence: No. 644 E. 35th St., ...Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Werner

6. DATE OF BIRTH (month, day, year) Feb. 26, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	75	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown (Schroeder)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mary A. King 644 E. 35th St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Paul's 5th Ref. Cem. Date Dec. 22, 1938

19. UNDERTAKER (Address) Geary Sander & Sons, Inc. Baltimore St. & Broadway

20. FILED DEC 21 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1937 to Dec. 19, 1938

I last saw h[illegible] alive on Dec. 19, 1938 Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 Year

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ...Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mob. Sylvan M. D.

(Address) 2802 Harford Ave

53170 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53170

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7421 W Fairmount ave St., 4-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elva Palmer

(a) Residence: No. 7429 W Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Smith Palmer

6. DATE OF BIRTH (month, day, year) Aug 23 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Luella Sidney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Georgina Palmer

(Address) 7429 W Fairmont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 21 1938

19. UNDERTAKER Joseph G Lucky

(Address) 924 Mount St

20. FILED Huntington Williams, Registrar

DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1938 to Dec 16 1938.

I last saw her alive on Dec 15 1938 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 2-38
Other contributory causes of importance: Pulmonary Edema	Dec 14-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassman M. D.

(Address) 753 W Fayette St

53171 HEALTH DEPARTMENT—CITY OF BALTIMORE 53171

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 Frederick Ave. St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. d.

If U. S. Veteran specify WAR

2. FULL NAME Fredericka Baesch

(a) Residence: No. 2422 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph Baesch

7. DATE OF BIRTH (month, day, year) Sept. 7, 1857

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ernst Baesch

(Address) 2422 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Dec. 22/38

19. UNDERTAKER Philip Herwig Sons

(Address) 2216 Pulaski St

20. FILED DEC 21 1938, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1938 to 12/19, 1938

I last saw her alive on 12/18, 1938 Death is said to have occurred on the date stated above, at 12.55a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	12/14/38
Primary	
Senile	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David Strauchen M. D.

(Address) 1 W Mt Vernon Pl

53172 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53172

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 N. Milton Ave St. 6-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter J. Rice.

(a) Residence: No. 32 N. Milton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Emma V. Rice

7. DATE OF BIRTH (month, day, year) Jan 2 - 1857

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1923

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bolto. Md.

FATHER

13. NAME David Rice

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Hudson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Rice
(Address) 32 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London N.R. Date 12/23 19 38

19. UNDERTAKER Riley Herring Sons
(Address) 1000 Pleasant St.

20. FILED DEC 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13th, 1938 to Dec 14th, 1938

I last saw h alive on Dec 14th, 1938 Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/13/38
Other contributory causes of importance:	
Generalized arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. J. Tankin M. D.

(Address) 119 N. Milton Ave

53173 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓F 53173

CERTIFICATE OF DEATH

349-23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Wettenton (39100) If U. S. Veteran specify WAR

(a) Residence: No. 2008 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) Feb. 14, 1907

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
31	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Nelson Henderson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sally Henderson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster Va. Date Dec. 23, 1938

19. UNDERTAKER Chas H Alexander
(Address) 1200 McCulloh St.

20. FILED ..... 19..... Registrar.

DEC 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1938, to December 19, 1938

I last saw her alive on December 19, 1938 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept 1938
Tuberculosis of pharynx	Oct 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

3174 Gonzelli ✓ F 53174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3528 E. Fayette St. 26-E Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Carmen Gonzelli

(a) Residence: No. 3528 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Mrs Rocco Gonzelli

6. DATE OF BIRTH (month, day, year) Feb 6, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Luigi Morosi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosina D'Orazio
(Address) 3524 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 22 1938

19. UNDERTAKER Ferrall Dolle & Sons
(Address) 521 N Monroe St

Oct 1938

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1938 to Dec 19 1938

I last saw her alive on Dec 14 1938. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Cardiovascular renal disease	
Arteriosclerosis	
Other contributory causes of importance:	
Senility	

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.

(Address) ...

53175

HEALTH DEPARTMENT—CITY OF BALTIMORE

53175

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Emerson St. 20-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lewis H. Woodland

(a) Residence: No. 2512 Emerson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color, or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Sarah Woodland

DATE OF BIRTH (month, day, year) June 11 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	6	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rockford Ind

13. NAME Lewis H Woodland

14. BIRTHPLACE (city or town) (State or country) Rockford Ind

15. MAIDEN NAME Eliza Murphy

16. BIRTHPLACE (city or town) (State or country) Rockford Ind

17. INFORMANT Paul L Woodland Son

(Address) 2512 Emerson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 23 1938

19. UNDERTAKER J H Butler & Son

(Address) 1711 E Baltimore St

20. FILED ..... 19.. ..... Registrar

NOV 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1- 1938 to 12/19- 1938

I last saw him alive on 12/19 1938. Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/1/38
Other contributory causes of importance: Hypertension Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas A Cohn M. D.

(Address) 2145 N Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53176

CERTIFICATE OF DEATH

F 53176

1. PLACE OF DEATH Home — Registered No. 877

CITY OF BALTIMORE: (No. 6621 O'Donnel St. 26-6 Ward) 42-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary B. Shimek — If U. S. Veteran specify WAR

(a) Residence: No. 6621 O'Donnel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ or WIFE of Edward Shimek

6. DATE OF BIRTH (month, day, year) Nov. 20. 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Klucas

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Kuman

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Francis Lusk
(Address) 6621 O'Donnel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 24 1938

19. UNDERTAKER Frank Grach & Son
(Address) 1906 Ashland avenue.

20. FILED DEC 21 1938 H. Eugene Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration—Interval between onset and death
Coronary Thrombosis	Minutes
Other contributory causes of importance: Valvular heart disease	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D.
Coroner

(Address) 1712 N. O'Donnell

53177

HEALTH DEPARTMENT—CITY OF BALTIMORE

53177

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Thomas D. Johnson

(a) Residence: No. 1410 Williams St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret M. Johnson

7. DATE OF BIRTH (month, day, year): Mar. 4th. 1874

8. AGE: Years: 64 | Months: 9 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipbuilder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Queen Ann Co.

13. NAME: Thos. J. Johnson

14. BIRTHPLACE (city or town) (State or country): Queen Ann Co Md

15. MAIDEN NAME: Sarah Fisher

16. BIRTHPLACE (city or town) (State or country): Queen Ann Co.

17. INFORMANT: Thos Johnson Jr.

(Address): 1410 William Street

18. BURIAL, CREMATION, OR REMOVAL: Place: Cedar Hill Date: 12/23/ 1938

19. UNDERTAKER: Margaret E. Flynn

(Address): 1432 Eagle Street

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1938, to Dec 20, 1938.

I last saw him alive on Dec 20, 1938. Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Heart Failure

Contributory Arteriosclerosis

Other contributory causes of importance:

Date of onset

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard W. Washington M. D.

(Address) Union Memorial Hosp.

DEC 21 1938

F 53178 ✓ F 53178

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 2-2 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Brownold

(a) Residence: No. Sheppherd-Pratt Hospital St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

Resident

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Brownold,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Lehmayer,

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Ira Fader,
(Address) 210 E. Baltimore St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Har Sinai Cem. Date Dec. 22, 1938

19. UNDERTAKER Hazel Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED Dec 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Laceration right Leg	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident 12-6-38
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? 100 ft south of Sheppard Pratt entrance
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Road
Manner of injury Struck by Auto
Nature of injury Walking on road

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. H. Bloede M. D.
Coroner
(Address) 2757 E. North Ave.

210-M

53179 HEALTH DEPARTMENT—CITY OF BALTIMORE 53179

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha S. Gans

(a) Residence: No. 3302 Tioga Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses G. Gans

6. DATE OF BIRTH (month, day, year) Nov. 18, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Samuel,

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Rebecca Greenwald,

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Irving Gans,
(Address) 3302 Tioga Parkway.

18. BURIAL, CREMATION OR REMOVAL
Place Heb. Friendship Cem. Date Dec. 22, 1938

19. UNDERTAKER Harry Sonneborn & Son, Inc.
(Address) 1902 Eutaw Place.

20. FILED DEC 21 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24 1938 to December 19 1938

I last saw h[illegible] alive on December 19 1938. Death is said to have occurred on the date stated above, at 9.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance:	
Chronic Nephritis	?

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John S. Babet M. D.

(Address) 4803 Park Heights Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53180

CERTIFICATE OF DEATH

F 53180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Rhoda Burkhart

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 Paddington Court, Homeland St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

7. DATE OF BIRTH (month, day, year) Dec 3. 1899

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41 years	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Jos. Simmons

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Frank H Carter

(Address) Boulevard Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 12/22 1938

19. UNDERTAKER William Cook

(Address) 1217 E Baltimore Street

DATE 12-21 1938 (Signature of Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1938 to Dec 20, 1938

I last saw her alive on Dec 20, 1938 Death is said to have occurred on the date stated above, at 7:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Meningitis	12-17-38
Pneumococcus	
Other contributory causes of importance: Bronchopneumonia	12-12-38
Lupus Erythematosus	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. D. Sussdorf M. D.

(Address) Union Memorial Hospital

5-5-827

F 53181

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53181

CERTIFICATE OF DEATH

44-D

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran ——
specify WAR .....

2. FULL NAME John Lenbach

(a) Residence: No. 2226 E. Eager St, Balto., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) April 8, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sullivan Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME William Lenbach
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Rose Jemmison
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 23rd 1938
19. UNDERTAKER Wm Bost
(Address) 12-7 E. Paul St
20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-13-38 1938 to Dec. 20 1938
I last saw him alive on Dec. 21 1938 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute infection, [illegible]	12-10-38
? Tularemia a? Typhoid fever	12-10-38
Thalaremia	over

Other contributory causes of importance:

Chronic alcoholism	many years
Inadequate diet	" "

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
Probably Yes, specify Pt had been handling rabbits

(Signed) Hermann Bellinger jr M. D.
(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

53182

CERTIFICATE OF DEATH

938 53182

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 127 W. Mt Royal Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Christopher J Plunkett

(a) Residence: No. 127 W. Mt Royal St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. ~~Married, widowed~~ or divorced HUSBAND of (or WIFE of) Lessie L

6. DATE OF BIRTH (month, day, year) Dec 18-1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner 127

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning & Dyeing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Elmer Plunkett

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Maddox

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nettie I Breckenridge

(Address) 127 W. Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 12/22/38

19. UNDERTAKER Wilson Cook

(Address) 1217 St Paul St

DEC 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH 3rd Ans

21. DATE OF DEATH (month, day, year) Dec 20, 1938

22. I HEREBY CERTIFY That I attended deceased from 12/6/38 to 12/20/38

I last saw him alive on 12/19/38 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	12/38
Myocardial insufficiency	
Other contributory causes of importance: Fracture R tibia - Paralysis	1914
Fracture L clavicle - Deformity	1924
Varicose Veins	

Was an operation performed? None Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Dec 14 1938

Where did injury occur? Stone fractured in mining accident (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo A Bondy M. D.

(Address) 1517 E Northern

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53183

CERTIFICATE OF DEATH

F 53183

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Agnes Hosp (St.) 25-1 (Ward) 93 S

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 1 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME B. Trew Dunding
If U. S. Veteran specify WAR

(a) Residence: No. Rock Hall, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Dunding

6. DATE OF BIRTH (month, day, year): Nov. 1, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rock Hall Md.

FATHER
13. NAME: Benjamin Dunding
14. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

MOTHER
15. MAIDEN NAME: Annie Trew
16. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

17. INFORMANT (Address): W H Good Church Hill Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Wesley Chapel Kent Co Date Dec 24, 38

19. UNDERTAKER (Address): W. H. Good Church Hill, Md.

20. FILED DEC 21 1938 Elton Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1 da
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H Hanna M. D.
(Address) Rock Hall Md Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53184

CERTIFICATE OF DEATH

97 F 53184

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
Belvedere & Greenspring Ave
CITY OF BALTIMORE: (No. ..... St. 29-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 70 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Hannah Hertz

(a) Residence: No. Belvedere & Greenspring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

7. DATE OF BIRTH (month, day, year) Dec 8 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sig. Feinblatt
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Pet-Shalom Cemetery Date Dec 23 1938

19. UNDERTAKER J. Wm. Levin & Co
(Address) 1432 Eastern Ave

20. FILED Dec 21 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1936, to 12-21, 1938.

I last saw her alive on 12-20, 1938. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Sclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I. Edmund Levin, M. D.

(Address) Levindale

53185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-6 F 53185

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1160 N. Calhoun St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Ford.

If U. S. Veteran specify WAR

(a) Residence: No. 1160 N. Calhoun St. Balto. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Ford.

7. DATE OF BIRTH (month, day, year): Jan 25 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Dec 1938

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md.

13. NAME: William Dorsey

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Elizabeth Rhenlotter

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Elizabeth Dorsey
(Address) 1160 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place: White Rock Cem. Date: Dec 24 38

19. UNDERTAKER: C. M. Walter
(Address) Westport Md.

Filed DEC 21 1938 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1938 to 12/21, 1938

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. A. Rhentlett M. D.

(Address) 1139 Down st Hill

86 S-378 r

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53186

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Francis Tailstead

If U. S. Veteran specify WAR

(a) Residence: No. 45 W. Lanvale St. Ward. Pleasant Mt. L.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Alice

6. DATE OF BIRTH (month, day, year) 9/13/03

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Tailstead

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cora Speaks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Relas

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Date 12/21, 1938

19. UNDERTAKER Hunter & Ryon

(Address) Frederick, Md.

20. FILED DEC 22 1938, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1938 to Dec. 21, 1938

I last saw him alive on Dec 21, 1938. Death is said to have occurred on the date stated above, at 11 15-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	
arterio and	
arteriolo-sclerosis	
	over

Other contributory causes of importance:

Was an operation performed? yes Date of Dec 20 1938

For what disease or injury? Hypertension

Name of operation Lumbar sympathectomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Kenneth L. Pendell M. D.

(Address) J. H. H.

Notice received of autopsy by Jan 3 38

53187 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 53187

CERTIFICATE OF DEATH X 46-B

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S. If of foreign birth 50 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. **FULL NAME** Richard Mc Cloud

(a) Residence: No. 135 N. Broadway St. South Amboy Ward N. J. South Amboy N.J.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of About 1883

6. DATE OF BIRTH (month, day, year) About 55 yrs

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meats

10. Date deceased last worked at this occupation (month and year) About Aug 38

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Richard Mc Cloud

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Luke McCloud (Brother)

(Address) South Amboy N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place South Amboy N.J. Date Oct 22 1938

19. UNDERTAKER STEWART & BOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED OCT. 22 1938 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1938, to 12-21, 1938

I last saw him alive on 12-21, 1938 Death is said to have occurred on the date stated above, at 1.09 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
carcinoma of stomach	
Other **contributory causes** of importance: metastasis to liver	

Was an operation performed? yes Date of 10-18-38

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W C Dunnigan M. D.

(Address) Mercy.

GEORGE HOWARD WHITE JR.

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 53188

CERTIFICATE OF DEATH

✓ 46-e

1. PLACE OF DEATH Union Memorial Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME G. Howard White Jr. — If U. S. Veteran specify WAR .....

(a) Residence: No. 917 St. Paul St ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary D Lennon

6. DATE OF BIRTH (month, day, year) Aug 10 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ann Elizabeth

13. NAME G. Howard White

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Carolina V Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs G. Howard White

(Address) 917 St Paul

18. BURIAL, CREMATION, OR REMOVAL

Place Middle Burg Cem Date Dec 22 1938

19. UNDERTAKER Henry Waechter Sons

(Address) McCulloh & Centre Sts

20. FILED Dec 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/13 1938 to 12/21 1938

I last saw h.~~im~~ alive on 12/21 1938 Death is said to have occurred on the date stated above, at 2:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	

Other contributory causes of importance:

Acute pneumonia
Peritonitis (B. Coli)

Was an operation performed? Yes Date of 12/12/38

For what disease or injury? Carcinoma of colon

Name of operation Abdominal Anastomosis

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) S. D. Sussdorf M. D.

(Address) Union Memorial Hospital

3189

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53189

CERTIFICATE OF DEATH

√ 92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Patterson Pk. Ave Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Wilhelmina Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 502 N. Patterson Pk. Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martin Schmidt

6. DATE OF BIRTH (month, day, year): May 1-1858

7. AGE: Years 80 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Hassa

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mary Pobbe

(Address) 502 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Dec 22-38

19. UNDERTAKER: John A. Miller

(Address) 2334 Jefferson St.

20. FILED DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1938 to Dec 20, 1938

I last saw her alive on Oct 18, 1938 Death is said to have occurred on the date stated above, at 1000 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Chronic Endocarditis	

Other contributory causes of importance: Senility

Was an operation performed? None Date of

For what disease or injury? None

Name of operation —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. P. Herzog M.D. M. D.

(Address) 1305 N. Patterson Park Ave

Ruth Jerusha Miller

3190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53190

CERTIFICATE OF DEATH

✓ 181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Jerusha Miller

(a) Residence: No. 314 Diamond Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Theila Watkins —

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Corp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Locke H. Hill Date 12/23/38 19

19. UNDERTAKER Thos. J. Welch & Son
(Address) 303 Forest Ave

20. FILED [illegible] 19 Eugene Williams, Registrar

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vaso motor Shock	6 hrs.
Acute Alcoholism	12 hrs.
Other contributory causes of importance: 3rd Degree Burns of Body	6 hrs.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, [redacted] or [redacted]? Date of injury Dec. 13, 1938.

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Attempting to light cigarette with kerosene while intoxicated.

Nature of injury 3rd Degree Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 2360 Eutaw Place

53191

F 53191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-108 ac

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Rozanski If U. S. Veteran specify WAR

(a) Residence: No. 823 S. Decker Av. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

8a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9 10	28 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sochs Meat Co.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lorenzo Rozanski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Jackowiak
16. BIRTHPLACE (city or town) (State or country) South Poland

17. INFORMANT Mary Rozanski (Address) 823 S. Decker Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date DEC. 24 1938

19. UNDERTAKER Fred W. Ozazowski (Address) 1930 Eastern Ave

20. FILED DEC 22 1938 Huntington Wallace, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days.
	con

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

3192

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53192

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1818 Fleet St. St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 7X mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Gruntkowski

If U. S. Veteran specify WAR

(a) Residence: No. 1818 Fleet St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gruntkowski

DATE OF BIRTH (month, day, year) June 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Stempkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Gruntkowski

(Address) 1818 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 23 38

19. UNDERTAKER Fred W. Rozwenski

(Address) 1930 Eastern Ave

20. FILED 19

Registrar

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1938, to Dec. 20 1938, 19

I last saw h alive on Dec. 19, 1938. Death is said to have occurred on the date stated above, at 5.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block on basis of arteriosclerosis	12/19/38
Other contributory causes of importance	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Michael J. Wisniewski M. D.

(Address) 526 S. Bond St

—1-30—M. & T.—250 Bks

53193 F 53193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-c

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1817 South Road WARD) 27-15

2-FULL NAME Fannye A. Costello

(a) RESIDENCE NO. 1817 South Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced (HUSBAND of or) WIFE of J. Elwood Costello

6 DATE OF BIRTH (month, day, and year) 7. 23 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

10 NAME OF FATHER Joseph Farnsworth

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Annie Peterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant J. Elwood Costello

(Address) 1714 Edgewood Ave Balto Md

Filed 12-23-38, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12. 21. 1938

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to December 21, 1938, that I last saw her alive on Dec. 21, 1938, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - Softening Brain

Cerebral Sclerosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Ephemeritis

(duration) yrs. ..... mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) G. H. Bunting, M. D.

12. 24 1938 (Address) 1417 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Dec. 24 1938

20 UNDERTAKER STEWART & BOWEN COMPANY ADDRESS (W. E. WOODEN SUC.) 108 W. NORTH AVENUE

3194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F53194

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Sherwood Ave. St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? 60 yrs. ... mos. ... da.

2. FULL NAME Andrew Schraudner

If U. S. Veteran specify WAR

(a) Residence: No. 1922 Sherwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 87

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Germany

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Schraudner

(Address) 3106 Beverly Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 22 1938

19. UNDERTAKER Martin W. C. Oppel

(Address) 37 S Amity St.

20. DEC 22 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

53195

CERTIFICATE OF DEATH

38974 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 2-3-22 Ward)

Registered No. 53195

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Pawlak

If U. S. Veteran specify WAR ...

(a) Residence: No. 247 S. Ann St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 11-16-1902

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John Pawlak

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary Soltysak

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT B. C. H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Thomas Date 12/24/38

19. UNDERTAKER M. F. Szlosorski & Son
(Address) 1808 Eastern ave

20. FILED ... 19... [illegible]

DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14-1938 to 12-19-1938

I last saw him alive on 12-19-1938 Death is said to have occurred on the date stated above, at 8 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	?
Renal Tuberculosis	?
Uremia	3 days
Other contributory causes of importance:	

Was an operation performed? yes Date of 12/5/38

For what disease or injury? Pulmonary Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify ...

(Signed) L K Woodward Jr, M. D.

(Address) Balto. City Hosp.

196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53196

CERTIFICATE OF DEATH

39903 (MB)

1. PLACE OF DEATH

Registered No. 71-a

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Watroba

If U. S. Veteran specify WAR

(a) Residence: No. 2332 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 11/1/1881

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	57	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Watroba

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sophie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Dec. 24, 1938

19. UNDERTAKER M. F. Sadowski & Sons

(Address) 1625 Eastern Ave.

20. FILED Huntingdon Millware, M.D. Registrar.

DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1938 to December 21, 1938

I last saw him alive on December 2, 1938. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Peck, M. D.

(Address) Baltimore City Hospitals

53197

HEALTH DEPARTMENT—CITY OF BALTIMORE

53197

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH South Balto. Gen. Hosp.

CITY OF BALTIMORE: (No. ..... St., 25-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lillian Stickel

If U. S. Veteran specify WAR .....

(a) Residence: No. 3604 3rd Street, Brooklyn St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced (or) WIFE of William F Stickel

6. DATE OF BIRTH (month, day, year) May 2 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lillian Owens

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Wm. F. Stickel 3604 3rd St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date Dec 23 1938

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED DEC 22 1938 19 Huntington Gilbert, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1938 to 12-20 1938

I last saw her alive on 12-20 1938 Death is said to have occurred on the date stated above, at 10 45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	Dec 1938
Acute Cardiac Dilatation	12-20-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Lyon, M. D.

(Address) 320 Patapsco Ave

3198 F 53198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 William St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR.

2. FULL NAME Allen Bernard Christiana Jr.

(a) Residence: No. 1114 William St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): —

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Aug. 14, 1938.

7. AGE: Years 0 | Months 4 mo. | Days 1 day | If LESS than 1 day ... hrs. ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Allen Bernard Christiana

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Alma Weelsa

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Allen Bernard Christiana

(Address) 1114 William

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Dec 23 1938

19. UNDERTAKER: William M Marsch

(Address) 715 Eighth St Huntington W. Va.

20. FILED ... 19...

DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/21, 1938.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to ... death on the day stated above.

(Inquest, Autopsy or Injury)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	12/21/38.

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Dec 21, 1938

Where did injury occur? 1114 William St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) Angelo Littman M. D.

(Address) 307 E Close Cor.

3199 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53199

CERTIFICATE OF DEATH

Belair Rd ✓ 51-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5525 Belair St., 26-1 Ward)

Length of residence in city or town where death occurred: life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W. Berger Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 5525 Belair St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Berger

DATE OF BIRTH (month, day, year) December 2. 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry. N'

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Berger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Coombs.

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT (Address) Margaret Berger (wife) 5525 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Dec. 23 19 38

19. UNDERTAKER (Address) Fuchs, Funeral Dir 7401 Belair Rd.

20. FILED DEC 22 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1938, to December 21, 1938

I last saw him alive on December 20, 1938. Death is said to have occurred on the date stated above, at 8 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	8 mo
Other contributory causes of importance:	

Was an operation performed? yes Date of March 9 38

For what disease or injury? .....

Name of operation Prostatectomy

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. Fa Stevens M. D.

(Address) 2878 Hanford Rd

12-23-21—E.B.R.S.—400 Eks.

3200 F 53200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. 131

1-PLACE OF DEATH

City of BALTIMORE: (No. 340 Bloom St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Etta Edwards

(a) Residence No. 340 Bloom St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

4-COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced, (Write the word): Widow

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thomas Edwards

DATE OF BIRTH (month, day and year): May 20 1877

If LESS than 1 day, ...hrs. or....min.?

AGE: 61 yrs. 6 mos. 21 ds.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or Country): Hayward Del

10-NAME OF FATHER: William Jackson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Del

12-MAIDEN NAME OF MOTHER: Rebecca Mares

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Del

14- (Informant): Mary Randolph

(Address): 340 Bloom

15- 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 21, 1938.

17- I HEREBY CERTIFY, That I attended deceased from Dec. 18th. 1938 to Dec. 21, 1938.

that I last saw her alive on December 20 1938

and that death occurred, on the date stated above, at 7.30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

--------- (Duration) -- yrs. -- mos. -- ds.

CONTRIBUTORY (Secondary): Cardio-Renal-Vascular.

Unknown. (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frederick P. Thom M. D.

19 (Address) 2827 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Hayward Del

DATE OF BURIAL: Dec 23 1938

20-UNDERTAKER: Keene & Williams

ADDRESS: 322 N Schroeder

53201 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53201

CERTIFICATE OF DEATH √155

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 16-1 (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jenny Alsdorf

If U. S. Veteran specify WAR

(a) Residence: No. 1219 W Fairvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec. 15, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55		5 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sylvie Cole

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec. 24 1938

19. UNDERTAKER Mrs George A. Holland
(Address) 1631 David Hill Ave

20. FILED 19 Registrar.

Dec 22 1938 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-20 1938 to 12-19 1938

I last saw her alive on 12-20 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approx.)
Congestive Heart Failure	
Other contributory causes of importance: Paget's disease	Unknown Long

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Shuss M. D.

(Address) Mercy Hospital

53202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Evelyn Latner

(a) Residence: No. 2421 Brentwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11-28-06

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
32		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas Jackson

14. BIRTHPLACE (city or town) (State or country) S C

15. MAIDEN NAME Bessie Munroe

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 23, 1938

19. UNDERTAKER Mrs. Ray A. Gelford
(Address) 1801 Druid Hill Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938 to Dec 20, 1938

I last saw her alive on Dec 20, 1938. Death is said to have occurred on the date stated above, at 2.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	Oct 1938
Uremia	Nov 14 "
Pulmonary Oedema	Dec 20 "
Other contributory causes of importance:	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Lawrence Mellor M. D.

(Address) Johns Hopkins Hospital

53203 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53203

CERTIFICATE OF DEATH

Registered No. ...

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1422 Mc Culloh St, 14-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Robert P. Quickley
(a) Residence: No. 1422 Mc Culloh St, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mabel A. Quickley

DATE OF BIRTH (month, day, year) Sept 1890

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
48	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenarm Md
13. NAME George Quickley
14. BIRTHPLACE (city or town) (State or country) Glenarm Md
15. MAIDEN NAME Maggie Pennington
16. BIRTHPLACE (city or town) (State or country) Glenarm Md
17. INFORMANT Mabel A. Quickley
(Address) 1422 Mc Culloh St
18. BURIAL, CREMATION, OR REMOVAL
Place Long Green, Md Date Dec. 22 '38
19. UNDERTAKER Mrs. Hoge & H. J. Holland
(Address) 1631 Druid Hill Ave
20. FILED ... Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Dec 19, 1938
I last saw ~~him~~ alive on Dec 18, 1938. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis 12/3/38 Date of onset

Other contributory causes of importance
Following an attack of Grippe

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? No

30. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify) ...
(Signed) Edgar Ellis, M. D.
(Address) 924 Madison Ave

53204

HEALTH DEPARTMENT—CITY OF BALTIMORE

53204

40067-FS

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-3 Ward)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME George A. Owens
(a) Residence: No. 543 Presstman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florena

DATE OF BIRTH (month, day, year) 8-17-1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. public school teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0687
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Marshall M. Owens
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Caroline Smith
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT B. C. H. Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 12/28/38
19. UNDERTAKER Mrs. Geo. H. Pollard
(Address) 1681 Druid Hill Ave
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20 1938
22. I HEREBY CERTIFY, That I attended deceased from December 18 1938 to December 20 1938
I last saw h[illegible] alive on December 20 1938. Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lawder M. D.
(Address) Baltimore City Hospitals

53205

HEALTH DEPARTMENT—CITY OF BALTIMORE

53205

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 E. 29th St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Park Upp.

(a) Residence: No. 1837 E. 29th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Bertha M. Upp.

DATE OF BIRTH (month, day, year) Oct. 16 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year) 1909

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia Pa

13. NAME OF FATHER Charles Upp.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME OF MOTHER Mary Park

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. James Park Upp

(Address) 1837 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 23 1938

19. UNDERTAKER Wm. Mickel Sons

(Address) North & Paves

20. FILED DEC 22 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1938 to Dec. 20, 1938

I last saw him alive on Dec. 19 1938. Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with hypertrophy dilatation & decompensation heart failure	do not know 2 months

Other contributory causes of importance:

Chronic nephritis with arterial hypertension	do not know

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice L. Shamer M. D.

(Address) 8300 W. North Ave.

SEWARD

HEALTH DEPARTMENT—CITY OF BALTIMORE

3206 53206

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-32 St., ...Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Seward

(a) Residence: No. 40 Poultney St. Balto. Md. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Gardner Seward

DATE OF BIRTH (month, day, year) Feb. 27, 1846

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	92	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swift & Company

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Benjamin F. Seward

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Annie Gardner

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Records U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 23 1938

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938, to December 20, 1938

I last saw him alive on December 20, 1938 Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular, mitral	Unknown
Insufficiency	
Pneumonia, lobular, bilateral	Dec 15

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T. B. W. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

22 1938

53207 E 53207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME
(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced. (Write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 1938

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner
(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

3208 CERTIFICATE OF DEATH ✓ + F 53208 146-1497

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 2d Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus Williams

If U.S. Veteran specify WAR

(a) Residence: No. 7 Harmons Co; St. Ward.
(Usual place of abode) Ann Arundel, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	Colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 1923

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co; Md.

13. NAME George Williams

14. BIRTHPLACE (city or town) (State or country) Glenburnie Md

15. MAIDEN NAME Edna Mathews

16. BIRTHPLACE (city or town) (State or country) Fairmont Md

17. INFORMANT Mrs. Edna Williams

(Address) Fairmont Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Harmon, Md. Date Dec 22, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3224 Edmondson St.

FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1938, to Dec. 20, 1938

I last saw her alive on Dec. 20, 1938. Death is said to have occurred on the date stated above, at 1:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia.	
Other contributory causes of importance:	

Was an operation performed? yes Date of 12-11-38

For what disease or injury (Contracted P. (viis) - Eclampsia)

(Low Forcep Extraction)

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. J. Butler M. D.

(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53205

209

CERTIFICATE OF DEATH

OGK--3972

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-2 Ward) 20

Registered No. 349-1938

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Giles

(a) Residence: No. 243 N. Bruce St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) 3-20-1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosie Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Dec 23, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED DEC 22 1938 Huntington Williams, Nyx

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17 1938

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1938 to December 17 1938

I last saw him alive on December 17, 1938. Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-6-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M.D.

(Address) Baltimore City Hospitals

GKG.

E 53210 HEALTH DEPARTMENT—CITY OF BALTIMORE 53210

CERTIFICATE OF DEATH

X 107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR

2. FULL NAME Robert P. Bright (Bea Creste)

(a) Residence: No. University Hospital St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July? 1938

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	6		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Bright

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Alice Hurley.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT (Address) John Bright (Father) Edgewood 5 Tenth Ave.

18. BURIAL, CREMATION, OR REMOVAL Place St Mathias Date Dec 23 38

19. UNDERTAKER (Address) Lilly & Zeilenhofer 403 S Fulton Ave

20. FILED DEC 22 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 19th 1938 to Dec 20th 1938

I last saw him alive on Dec 20th 1938 Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-1-38

Other contributory causes of importance:

malnutrition

Dehydration

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilson I. Wells M. D.

(Address) University Hospital

53211

HEALTH DEPARTMENT—CITY OF BALTIMORE

53211

CERTIFICATE OF DEATH

39954-FS

Registered No. 6-2 1938-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Prasch

If U. S. Veteran specify WAR .....

(a) Residence: No. 222 N. Rose St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 6-5-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Keller

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah McGotten

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 23. 1938

19. UNDERTAKER Lilley & Zeilenenz

(Address) 403 E Monument St

20. FILED ..... 19 ..... Registrar.

12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20 1938

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1938 to December 20, 1938

I last saw her alive on December 20, 1938 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-15-38
Other contributory causes of importance: Arteriosclerotic heart disease	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. G. Du Bouchelle M. D.

(Address) Baltimore City Hospitals

3212 F 5.3212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39255-FS

✓ 53-E

1. PLACE OF DEATH

Baltimore City Hospitals 6-3

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

40 yrs.

2. FULL NAME William Madden

If U. S. Veteran specify WAR .....

(a) Residence: No. 206 N. Maderia St. St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

7. DATE OF BIRTH (month, day, year): 2-22-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mesa.

13. NAME: Patrick Madden

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Cecilia McGlaughin

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: B. C. H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place V.S. National Date Dec 23 1938

19. UNDERTAKER: Lilly & Zeiler Inc

(Address) 403 S. Wolfe St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-20-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-22-1938 to 12-20-1938

I last saw him alive on 12-20-1938 Death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Carcinoma Left Submaxillary gland	?
Bronchopneumonia	4 days
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify .....

(Signed) L. Kirwood Hardy M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

213 — 53213 — GK--1[illegible] — 65-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 3-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Morgan

(a) Residence: No. 810 E. Pratt St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6-24-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	74	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME Michael Morgan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 12/22 19 38

19. UNDERTAKER John J. Tobey & Sons

(Address) 1118 Eutaw St.

20. FILED ... 19 ... Registrar.

DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20 1938

22. I HEREBY CERTIFY, That I attended deceased from August 15 1938 to December 20 1938

I last saw him alive on December 20 1938. Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. DeSantelle M. D.

(Address) Baltimore City Hospitals

214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 5.3214
37483
46-B
SF

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Green (?)

If U. S. Veteran specify WAR

(a) Residence: No. 702 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	50?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~laborer~~ Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unk.
(State or country)

13. NAME unk.

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart Cem. Date 12/22, 1938

19. UNDERTAKER John J. Fahey Inc.
(Address) 1314 Light St.

20. FILED 1938 Huntington Pittwood
Registrar.

DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from September 27 1938 to December 17 1938

I last saw ~~him~~ her alive on December 17 1938. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Ley De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

53215

CERTIFICATE OF DEATH

V95-B F 53215

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. veteran specify WAR ...

2. FULL NAME Jaunita Georges

(a) Residence: No. 920 Pearl St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

7. DATE OF BIRTH (month, day, year) ?

8. AGE: Years: 51 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Filling Station

10. Date deceased last worked at this occupation (month and year) Nov 38

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) ...

18. BURIAL, CREMATION, OR REMOVAL Place ... Date DEC 22 1938

Commissioner of Health

19. UNDERTAKER (Address) Per H. A. Moore

DEC 22 1938 Huntington Williams Mort

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	4 hrs
Cerebral Hemorrhage	4 hrs
Other contributory causes of importance: Hypertension - Cardiac Dis.	15 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael A. Abrams, M. D. Coroner

(Address) 360 Eutaw Place

6-6

F 53216

3216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy & Stpa Sinai Hospital Eutaw St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Esther May Dove Shipley

(a) Residence: No. 3606 Purdue Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Francis Shipley

6. DATE OF BIRTH (month, day, year) Jan 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Price

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Bull

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Francis Shipley.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Dec 23 1938

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

20. FILED 19 Register No.

DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Arteriosclerosis Cardio Vascular Disease	1st

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Clinical History Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Michael A Hranos, M. D. Coroner

(Address) 2360 Eutaw Place

Schoff

3217 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53217

CERTIFICATE OF DEATH 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S Curley St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Schoff If U. S. Veteran specify WAR

(a) Residence: No. 21 S Curley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C Schoff

DATE OF BIRTH (month, day, year) Sept 6 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Composer & Artist

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Schoff

14. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

15. MAIDEN NAME Elizabeth Graulich

16. BIRTHPLACE (city or town) (State or country) Berlin Germ

17. INFORMANT Mrs Elizabeth Schoff

(Address) 21 S. Curley

18. BURIAL, CREMATION, OR REMOVAL Place Holy Red. Date Dec. 24 38

19. UNDERTAKER John A. Hagan

(Address) 300 E Balto St

20. FILED 19 Registrar

12 1938 Hagerstown, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30 1938 to Dec 20 1938

I last saw him alive on Dec. 19 1938 Death is said to have occurred on the date stated above, at 2.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonary Tuberculosis	5 mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. A Shuma, M. D.

(Address) 2878 Harford Av

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53218 V 94-B F 53218

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 E. Dumbarton ave. St., 7-3 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E. Kelly

(a) Residence: No. 636 E Dumbarton ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Feb 7 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	34	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ind.

13. NAME Patrick Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Callahan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Kathryn Egan Gunn

(Address) 636 E Dumbarton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/24 1938

19. UNDERTAKER John A McGarr

(Address) 1002 E Baltimore St

20. FILED ..... 19..... ..... Registrar.

DEC 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1938 to Dec. 21 1938

I last saw her alive on Dec. 20 1938. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease — Date of onset ?

Chr. Arterio-Sclerosis

Other contributory causes of importance: Acute Myocardial Dilatation. 6 hrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Isaac F. Lewis M. D.

(Address) 709 E. Baltimore St.

E 53219

HEALTH DEPARTMENT—CITY OF BALTIMORE

3219

CERTIFICATE OF DEATH

UGK-- 30997

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)
life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Henry Thomas Burton

(a) Residence: No. 824 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Catherine

DATE OF BIRTH (month, day, year): Sept. 7, 1874

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed 7 yrs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Levi Burton

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Mary Fosky

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/25, 1938

19. UNDERTAKER: Lloyd W. Chase & Son
(Address) 628 W. Fayette

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1938 to December 21, 1938

I last saw her alive on December 21, 1938. Death is said to have occurred on the date stated above, at 3:02 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion.	12-21-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. G. DeHaviland M. D.

(Address) Baltimore City Hospitals

53220 HEALTH DEPARTMENT—CITY OF BALTIMORE 53220

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Greenmount Ave Ward)

Length of residence in city or town where death occurred 75 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E Fellen

(a) Residence: No. 4305 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jno W Fellen.

DATE OF BIRTH (month, day, year) June 9 1863

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr John Ringgold

(Address) 1205 N Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec 24 1938

19. UNDERTAKER John Ulrich

(Address) 1808 Eutaw St

20. FILED Dec 24 1938 Huntington Hollyfield, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 19 to Dec 20 19 38

I last saw h alive on Dec 19 38 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance are as follows:

Mitral Regurgitation — Date of onset Dec
Arteriosclerosis — 2
Hypertension — 2

Other contributory causes of importance:

Hemiplegia — Date of —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Ringgold M. D.

(Address) 1205 N Eutaw

53221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 N. Milton Ave. St., 8-3 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CHARLES H. Mc MAHON

If U. S. Veteran specify WAR .....

(a) Residence: No. 1537 N Milton Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nona Pund

DATE OF BIRTH (month, day, year) Feb 17/ 1869

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	69	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Apt. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co.

12. NAME Patrick McMahon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Clara E. McMahon 1537 N. Milton Ave.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Private Dec. 24/1938

UNDERTAKER 1000 Eutaw Place

(Address)

FILED DEC 22 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22 , 19 38

22. I HEREBY CERTIFY, That I attended deceased from March , 1937 , to December 22, , 19 38

I last saw him alive on December 21, 19 38 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John C. Fenby, M. D.

(Address) 3523 Green St. Ave.

F 53222

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 53222

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. St. 4 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Holland

If U. S. Veteran specify WAR

(a) Residence: No. Mt Pleasant Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Stone

DATE OF BIRTH (month, day, year) Aug 6 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Geo Chas S. Holland

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Priscilla Howell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Caroline S. Holland

(Address) Mt Pleasant Ave. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Centralia, Md. Date Dec 23 1938

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1931, to December 21st, 1938.

I last saw him alive on December 21, 1938. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma Transverse Colon	1.
Generalized Carcinomatosis	2.
Bilateral Broncho-pneumonia.	Dec. 19, '38

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/24/38 12/13/38

For what disease or injury? Carcinoma Transverse Colon

Name of operation (1). Entero-colostomy (2). Ileostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) Roland E. Brown M. D.

(Address) University Hospital

53223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123 F 53223

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William L Senft

(a) Residence: No. 6026 Old Harford Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Buckingham

7. DATE OF BIRTH (month, day, year) May 18-1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Senft

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Bodtman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lawrence Lafontaine

(Address) 721 S Louise Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12-22-38

19. UNDERTAKER Lawrence J Rost

(Address) 630 S Hanover St Huntington Williams Reg'r

20. FILED 12-22-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	
Other contributory causes of importance: Ruptured diverticulum of Colon	
Was an operation performed? Yes Date of 12/20/38	
For what disease or injury? Peritonitis	
Name of operation Laparotomy with drainage. Date of	
What test confirmed diagnosis? Clinical Was there an autopsy? Yes	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53224

CERTIFICATE OF DEATH

23 F 53224

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Savage (39931)

If U. S. Veteran specify WAR

(a) Residence: No. 916 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George

DATE OF BIRTH (month, day, year) March 1, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Sample

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Hattie Parker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/24 38 19

19. UNDERTAKER Thomas E. Elson

(Address) [illegible]

FILED 12/28/38 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 19 38

22. I HEREBY CERTIFY, That I attended deceased from December 13, 19 38, to December 20, 19 38.

I last saw her alive on December 20, 19 38. Death is said to have occurred on the date stated above, at 6:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Sept. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53225

CERTIFICATE OF DEATH

108 F 53225

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Berry

If U. S. Veteran specify WAR

(a) Residence: No. 1100 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1905 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33 ?				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Robert Berry

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/23 '38

UNDERTAKER Thomas E. Kelsey
(Address) 1005 Pennsylvania Ave

FILED 12/22 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from December 20 1938 to December 21 1938

I last saw her alive on December 21, 1938 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-12-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. A. De Lafayette M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53226

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Barbara M. Thoman

If U. S. Veteran specify WAR

(a) Residence: No. 2901 Strathmore Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Thoman

7. DATE OF BIRTH (month, day, year) 12-4-77

8. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61 60 (?)		18	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George M. Kummel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Jockterman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 12/26 19

19. UNDERTAKER Leonard J. Lusk

(Address) 5305 Harford Av

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938, to Dec. 22, 1938

I last saw h.. alive on Dec. 21, 1938 Death is said to have occurred on the date stated above, at 7 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	
Auricular Fibrillation	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Culwell M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B F 53227

53227

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2226 W. Lexington St. 26-26 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene H. Sapp

(a) Residence: No. 2226 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 22, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curator

10. Date deceased last worked at this occupation (month and year) July 1, 1938

11. Total time (years) spent in this occupation 39 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John T. Sapp

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Jane M. Eckels

16. BIRTHPLACE (city or town) (State or country) Hoggstown Pennsylvania

17. INFORMANT Mrs. Grace Stickell
(Address) 2226 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 23 1938

19. UNDERTAKER J. Tamorah
(Address) 1003 W. Baltimore St.

20. FILED 22 1938 Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937 to Dec 20 1938

I last saw him alive on Dec 20 1938 Death is said to have occurred on the date stated above, at 8.50P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left lung	Nov 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. Dulany Thomas, M. D.

(Address) Medical Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53228 CERTIFICATE OF DEATH 51-C F 53228

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Richardson

(a) Residence: No. 2231 Ruskin Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mar 8. 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	48	9	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George Richardson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Martha Gardener

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Ollie Tyree

(Address) Germantown PA

BURIAL, CREMATION, OR REMOVAL

Place Richmond Va. Date 12/23 38

UNDERTAKER Thomas E. Kelly

(Address) 233 Pleasant

DEC 22 1938 Huntington Williams Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/2, 1938 to 12-24, 1938

I last saw h... alive on 12/24, 1938. Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of Prostate	11/12/38

Other contributory causes of importance:

Secondary anemia
Acute Ulceration

Was an operation performed? Yes Date of 11/30/38

For what disease or injury? Acute prostatic retention

Name of operation Prostatectomy (Suprapubic)

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) Provident Hosp

9r Homer Todd 735 N. Fulton ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Chadford Grants - not ave / Vine Hay,

CERTIFICATE OF DEATH

53229) 93-D F 53229

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 475 Winston Ave. 27-H (Ward)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ella Bacon

(a) Residence: No. 475 Winston Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of George C. Bacon

DATE OF BIRTH (month, day, year) Aug 17, 1862

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1928

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME James S. Compton

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

15. MAIDEN NAME Julia A. Hedrick

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

INFORMANT (Address) Dr. Walter C. Bacon 100 E. 20th St.

BURIAL, CREMATION, OR REMOVAL Place Monkton Date Dec. 24 1938

UNDERTAKER (Address) Landon M. Brooks Sparks, Md

FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938 to Dec 22, 1938

I last saw h... alive on Dec. 22, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1927
Myocardial insuff	1930

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P. E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Homer C. Todd M. D.

(Address) 735 N. Fulton Ave

53230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-Y 53230

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 E. Baltimore St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lurene R. Pruitt

(a) Residence: No. 2129 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of (nee Cornthwaite) late Corn J. Pruitt

7. DATE OF BIRTH (month, day, year) Nov. 25 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryls nd

13. NAME Pruitt

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Mildred Pruitt
(Address) 2129 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park yr. Dec. 22 19

19. UNDERTAKER Harry F. Duffie
(Address) 101 Johnson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20 - 35

22. I HEREBY CERTIFY, That I attended deceased from 12/1 - 35 to 12/20 - 35

I last saw him alive on 12/20 35 Death is said to have occurred on the date stated above, at 730 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hypertension Arteriosclerosis	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas A Reiss M. D.

(Address) 2145 W Balto St

H.D. B. 1268-9

E 53231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Pine Hts ave St., 25-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Harrison

(a) Residence: No. 1115 Pine Hts ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 18 1844

7. AGE: Years 94 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: = = =

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Louise Faust

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Louise Harrison
(Address): 1115 Pine Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Dec 24 1938

19. UNDERTAKER: Mr. Thos H. S. Smith
(Address): 2512 W. Lexington St.

DEC 23 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1938 to Dec 21 1938

I last saw her alive on Dec. 21 1938 Death is said to have occurred on the date stated above, at 11-00 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset: Dec 12/38

Other contributory causes of importance:

Senile cardiac debilitation — Date of onset: 5 yrs ago

Name of operation None — Date of

What test confirmed diagnosis? Clinical findings — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 W. Lexbro ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 532232

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Johnson St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Carter

(a) Residence: No. 1738 Johnson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Henry L. Carter

DATE OF BIRTH (month, day, year) April 14th 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Siffrin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie Paul

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Cora Couch

(Address) 124 W. Heath St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 23rd 1938

UNDERTAKER Wm Cook

(Address) 217 E Pratt St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1938 to Dec 20, 1938

I last saw h— alive on Dec 20. Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 28
Other contributory causes of importance:	
arterio Sclerosis	10/1/28

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip Dam, M. D.

(Address) Baltimore Md

233

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 53233

CERTIFICATE OF DEATH

164a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR 1st

2. FULL NAME Wilford J. Schumacher

(a) Residence: No. 527 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Jan 2 1885

7. AGE: Years 53; Months 11; Days 20; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME OF FATHER: Charles C. Schumacher

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME OF MOTHER: Mary C. Rauch

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: A. Kemper

(Address) 167 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date 12 23 38

19. UNDERTAKER: J. Wm. Cook Co.

(Address) 1219 21 Druid Hill Ave Huntington Williams, Nyst

20. FILED Registrar

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Inquiry

Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	6 hrs
Carbon Monoxide Asphyxiation	2 days
Other contributory causes (conditions of importance): Mental Aberration	6 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 12 20 1938

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Rooming House

Manner of injury Inhaled illuminating gas while bed of hose attached to gas bracket

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Shrand, M. D. Coroner

(Address) 7360 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 5:32234

193-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 W Lafayette Ave St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nattie V. Wickert

(a) Residence: No. 2702 W Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced, HUSBAND of (or) WIFE of: Theodore J. Wickert

DATE OF BIRTH (month, day, year): Aug 30 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	21	19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Unknown Forest

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Howard J. Wickert

(Address) 2702 W Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Cathedral Date: 12/24 19 38

UNDERTAKER: Wm. Cole

(Address) 1211 E Fayette St

FILED 19 Registrar

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1938 to Dec 21 1938

I last saw her alive on Dec 20 1938 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	✓
Dilatation of Heart	✓
Other contributory causes of importance: Arterio Sclerosis	✓

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation none

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Peter A. Hoffard M. D.

(Address) 1219 Baltimore

35

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53235

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Dekker

If U. S. Veteran specify WAR ?

(a) Residence: No. unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	?

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ~~1860~~ ? 7/27/1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Four~~	46	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Dekker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Carrie Myers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/24/38

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St.

FILED DEC 23 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/38, 19

22. I HEREBY CERTIFY, That I attended deceased from December 20 1938 to December 21, 1938.

I last saw him alive on December 21, 1938. Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-14-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lantelle M. D.

(Address) Baltimore City Hospitals

DEC 23 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

236 — 91-a — 53236

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4611 Elsrode Ave. St. 27-2nd Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME KATHRYN Myers
(a) Residence: No. 4611 Elsrode Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 8/1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	13	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Balto. Md.
12. NAME Allison Myers
13. BIRTHPLACE (city or town) (State or country) Maryland
14. MAIDEN NAME Leila Andrews
15. BIRTHPLACE (city or town) (State or country) Balto. Md.
16. INFORMANT Mrs Leila Myers
(Address) 4611 Elsrode Ave.
17. BURIAL, CREMATION, OR REMOVAL Date Dec. 28/39
Place Loudon Park Cemetery
18. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place
19. FILED DEC 23 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1938 to Dec 21 1939
I last saw h[illegible] alive on Dec 21 1939 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	2 yrs.
acute endocarditis	2 days
Other contributory causes of importance: Pulmonary oedema	1 day

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. Lee Hitchens M. D.
(Address) 1thern Pkwy & Belair Rd.

53237

HEALTH DEPARTMENT—CITY OF BALTIMORE

53237

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N Rose St., 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernest Maurice Pueschel

(a) Residence: No. 106 N Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Pueschel

DATE OF BIRTH (month, day, year) Apr 4 - 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpet Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) Dec 17 - 1938

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Pueschel
(Address) 106 N Rose St

18. BURIAL, CREMATION, OR REMOVAL
Place Sweatzer Cem Date Dec 23, 1938

19. UNDERTAKER John Elliott
(Address) 2008 Eutaw St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1938 to Dec 21 1938, 19 38

I last saw him alive on Dec 21 1938. Death is said to have occurred on the date stated above, at 3 - a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/18/38
Other contributory causes of importance: Chronic Interstitial Nephritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. J. Taubman M. D.

(Address) 1109 N. Milton Ave

53238 E 53238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 161-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roland King

If U. S. Veteran specify WAR .....

(a) Residence: No. Middle River St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 9/24/38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 1/2	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Roland King

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Lizzie Hicks

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. Roland King

(Address) Middle River Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 12/23 19 38

19. UNDERTAKER Wm J. Connelly

(Address) Essex Md.

20. FILED 19 .....

Registrar

12-23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1938, to December 20, 1938

I last saw h.. alive on December 19 1938. Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Jaundice	

Other contributory causes of importance:

Pneumonitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Herbert J. Gundersheimer M. D.

(Address) Sinai Hospital

D. F. 53239 ✓ F 53239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. St. 19-2 Ward) Registered No. 82-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ...

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Frank. —

(a) Residence: No. P O Farm - Back River Rd St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Frank. —

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Anna Ford

(Address) Back River Neck Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Ave's House Date 12/23 1938

19. UNDERTAKER John S. Connelly

(Address) Essex md.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1938 to Dec. 21 1938

I last saw him alive on Dec. 21 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Cerebral thrombosis (by L. Unterstein autop)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H H Smithson M. D.

(Address) Franklin Sq. Hosp.

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HEALTH DEPARTMENT—CITY OF BALTIMORE 53240

CERTIFICATE OF DEATH

94-13

Registered No.

1. PLACE OF DEATH: Eutaw Place + Wilson St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Marlborough Apt. 14 Ward) Lyttleton

Length of residence in city or town where death occurred: How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME: Isaac H. Hirshberg

(a) Residence: No. Marlborough Apt. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louise Hirshberg

DATE OF BIRTH (month, day, year): Oct. 26 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Art Supply

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dealer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Rosa Hirshberg

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Sarah Goldsmith

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. I. H. Hirshberg

(Address): Marlborough Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Balt. Friendship Dec 23 1938

19. UNDERTAKER: Abrahm Goodman's Son

(Address): 1902 Eutaw Place

20. FILED: DEC 23 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1938 to Dec 22 1938

I last saw him alive on Dec 21 1938 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Emb	12/21/38
Other contributory causes of importance: Coronary Disease	Nov '38

Was an operation performed? No Date of

For what disease or injury?

Name of operation: What test confirmed diagnosis? Was diagnosis confirmed by autopsy?

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Kirkendall M. D.

(Address) 721 Madison Ave

F 53241

53241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812) Druid Hill Ave (Ward) 2

Length of residence in city or town where death occurred yrs mos 15 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Bennett

(a) Residence: No. 16 Bond Ave Westminster Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Caroline Bennett

6. DATE OF BIRTH (month, day, year): Aug - 1881

7. AGE: Years 57 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: George Bennett

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ruth Thompson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Hortense Engle 1812 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Westminster Md Date: Dec. 23 38

19. UNDERTAKER: Mrs. Francis A. Brawley

(Address): 515 W. Baltimore St Huntington Williams, Inc.

20. FILED: DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains above-named, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis	11/1 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo J Allen M. D.

(Address) 50 Pleasant St

3242 V F 53242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 15-19 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Mary Edelson

(a) Residence: No. 3728 Dolfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Israel.

7. DATE OF BIRTH (month, day, year): 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME Ella Schuman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Mollie Block

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Sidney S Rubenstein

(Address) 3728 Dolfield ave

18. BURIAL, CREMATION, OR REMOVAL

Where Mt Carmel Date Dec 23 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North ave

20. FILED 19 Registrar

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-9, 1938, to 12-22, 1938

I last saw her alive on Dec 22, 1938 Death is said to have occurred on the date stated above, at 7 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of peritoneum,	Sept 1937
+ omentum.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leo A. Brouillet M. D.

(Address) Bon Secours Hosp

213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 53213

Registered No. 210-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Weinstein (If U. S. Veteran specify WAR)

(a) Residence: No. 2120 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hetta Weinstein

7. DATE OF BIRTH (month, day, year): 1889

8. AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Junk Dealer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Junk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Rumania

13. NAME Ephraim Weinstein

14. BIRTHPLACE (city or town) (State or country): Rumania

15. MAIDEN NAME Beegis —

16. BIRTHPLACE (city or town) (State or country): Rumania

17. INFORMANT Hetta Weinstein

(Address) 2120 E. Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 12/23/38

19. UNDERTAKER Jack Levy Inc.

(Address) 1439 E. Balto St.

FILED DEC 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22- , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Dec. 21 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision Truck Bank & Collington Ave. Truck ran dead

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Mullen M. D.

Coroner

(Address) 3757 Wash

S 6

3244 HEALTH DEPARTMENT—CITY OF BALTIMORE 53244

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 7-3 (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth yrs. 30 mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louise Silbert

(a) Residence: No. 2313 E. Fairmount St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dept
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Lazarus Silbert
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Minnie Nee Seigel
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Simon Silbert
(Address) 2313 E. Fairmount St
18. BURIAL, CREMATION, OR REMOVAL 12-26-38
Date 19
Herbert Sol
19. UNDERTAKER Oak Lawn Inc
(Address) 1432 E. Eager St
DEC 23 1938 Huntington Williams Ave
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/38 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1938 to Dec. 23, 1938

I last saw her alive on Dec. 23 1938 Death is said to have occurred on the date stated above, at 6 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	Over 1 yr.
Pulmonary Infarct	Over 1 yr.
Peritonitis	

Other contributory causes of importance:

(1) Dec 3, 1938

Was an operation performed? Yes Date of (2) Oct. 17, 1938

For what disease or injury? Ca of sigmoid

Name of operation (1) Exploratory and (2) Resection + anastamosis of sigmoid

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. D. Fisher M. D.

(Address) Sinai Hospital

53245

HEALTH DEPARTMENT—CITY OF BALTIMORE

53245

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Temple Court Apt. St. Gilford Ward 634 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ellen Lucy Cleaveland. If U. S. Veteran specify WAR

(a) Residence: No. Temple Court Apt. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

DATE OF BIRTH (month, day, year) Jan 8 1889

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	11	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Principal.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School #62

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) md.

13. NAME Amor Cleaveland.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Mary Ellen Jones

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Lillian P. Luke.

(Address) Temple Court Apt.

BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date Dec 23, 1938

UNDERTAKER C. Hengerer Co.

(Address) 361-71 Eutaw Ave.

FILED ... 19... Registrar.

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1935 to December 21, 1938

I last saw h[illegible] alive on December 21, 1938. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with Metastasis	1935
Other contributory causes of importance:	

Was an operation performed? Mastectomy Date of 1935

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Seyer, M. D.

12/23/38 (Address) 101 W. Read St

53246

HEALTH DEPARTMENT—CITY OF BALTIMORE

53246

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Roland Ave. 13-7 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Orlando L. Kepler.

(a) Residence: No. 3620 Roland Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose B. Kepler.

DATE OF BIRTH (month, day, year) May 13, 1865

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	7	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1873 Farm

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Inspector A.A

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Rose B. Kepler.
(Address) 3620 Grand Ave.

BURIAL, CREMATION, OR REMOVAL Westminster Hall Vault Date Dec 23, 1938

UNDERTAKER Thomas J. Thomas
(Address) 3615-17 Chestnut Ave.

FILED DEC 23 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938 to Dec. 21, 1938

I last saw him alive on Dec. 20, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	
Other contributory causes of importance Coronary thrombosis apoplexy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jules Gilbert, M. D.

(Address) 848 W. 36th St.

F 5:3247

247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

213 F

1. PLACE OF DEATH Balto. Harbor

CITY OF BALTIMORE: (No. 1800 S. Clinton St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

U. S. Veteran World specify WAR War

2. FULL NAME Walter A. Parnell

(a) Residence: No. 547 W. Barre St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Brown

6. DATE OF BIRTH (month, day, year)

7. AGE Years 50 ? Months Days If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Lawman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Insurance Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Parnell

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Russell Piper

(Address) 43 Annabella Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Balto National Date 12/23/38

19. UNDERTAKER Isaiah L. Brown Son

(Address) 1812 Montgomery St

1938 ED Registrar

Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1938

I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock and Drowned	Dec. 17, 1938

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accidental Drowning Date of injury Dec. 17, 1938

Where did injury occur Pier 4 1800 S. Clinton St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Dock

Manner of injury Fell in Water

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

53248 E 53248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5403 Windsor Mill Rd St. 28-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Beitler

(a) Residence: No. 5403 Windsor Mill Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Childs Beitler

DATE OF BIRTH (month, day, year) Nov. 11, 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beitler's Transfer Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Samuel Beitler

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Rodeneiser

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Marion C. Beitler

(Address) 5403 Windsor Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Dec. 23, 1938

19. UNDERTAKER Howard Strong

(Address) 715 Light St.

20. FILED Dec 23 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1939. to Dec 20 1938.

I last saw h... alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?

Other contributory causes of importance:

Chronic valvular Heart Disease & decompensation	1 week

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frederic U. Beitler, M. D.

(Address) Medical Arts Bldg.

3249 E 53249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 South Regester St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? 40 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward Skrucha

(a) Residence: No. 517 South Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maryanna Skrucha

DATE OF BIRTH (month, day, year) July 7, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Szczepan Skrucha

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Skrucha, Dauehter
(Address) 517 S. Regester Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec 24 38

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED DEC 23 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1938, to Dec 22, 1938

I last saw h~~e~~ alive on Dec 21, 1938 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1937
Bronchopneumonia	12/20/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George S. Fiske M. D.

(Address) 432 E. Baltimore St.

53250 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53250

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3711 ELMADER ROAD St., 9 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. GRACE MYRTLE REPP

If U. S. Veteran specify WAR

(a) Residence: No. 3711 ELMADER ROAD St., 9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of GEORGE E. REPP

DATE OF BIRTH (month, day, year) NOV. 4, 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	6 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 22 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

13. NAME William F. Kirby

14. BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

15. MAIDEN NAME Lucy Hermind

16. BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

INFORMANT Mr. Walter S. Rupp
(Address) 2428 Arunah Ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 23-38

UNDERTAKER J. C. Wippert & Son
(Address) 1300 EDMONDSON AVENUE

FILED , 19 Registrar.

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 20-38. 19

22. I HEREBY CERTIFY, That I attended deceased from April, 1932. to December 20, 1938
I last saw her alive on December 17, 1938 Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the pelvic organs	1930
(See additional remarks)	
Other contributory causes of importance:	
Diabetes mellitus	1936

Was an operation performed? Yes Date of

For what disease or injury? Malignancy of pelvic organs

Name of operation See additional information

What test confirmed diagnosis? Clinical & pathological Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) John A. Verby M. D.

(Address) 3522 Greenmount Avenue

Will call

53251

HEALTH DEPARTMENT—CITY OF BALTIMORE

53251

CERTIFICATE OF DEATH

106-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Alice O. Spriggs

(a) Residence: No. 419 Heaven Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 17 1938

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Harry Spriggs

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Sarah Cushman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Sarah Cushman
(Address) 419 Heaven Street

17. BURIAL, CREMATION, OR REMOVAL
Place Mallows Date 12/23 1938

18. UNDERTAKER Walter B. Spriggs
(Address) 519 Hamburg St.

19. FILED ... 19... Registrar.
23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-38

22. I HEREBY CERTIFY, That I attended deceased from 11-18-38 to 12-21-38

I last saw her alive on 12-21-38 Death is said to have occurred on the date stated above, at 11.55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	?
Other contributory causes of importance: Acute Upper Respiratory Infection	?

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital

53252

HEALTH DEPARTMENT—CITY OF BALTIMORE

53252

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. ... Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. 18 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME James Miles
(a) Residence: No. Stemmers Run Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
BUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) Jan 18, 1923

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Stemmers Run Md
(State or country)
13. NAME James M. Miles
14. BIRTHPLACE (city or town) Va
(State or country)
15. MAIDEN NAME Mozella Carter
16. BIRTHPLACE (city or town) Va
(State or country)
17. INFORMANT James Miles
(Address) Stemmers Run Md.
18. BURIAL, CREMATION, OR REMOVAL
Place Dist. Stemmers Run. Date Dec 23 1938
19. UNDERTAKER Mrs. R. A. Elliott & Daughter
(Address) 1129 N. Caroline St
20. FILED ..... 19.... .....
Registrar.

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/1938
22. I HEREBY CERTIFY, That I attended deceased from 12/17/1938 to 12/19/1938
I last saw him alive on 12/19/1938. Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Diphtheria	1938
Other contributory causes of importance: Acute toxic myocarditis	1938

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Bacteriological & blood culture Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, state fully .....
(Signed) Frank Kalbfleisch M. D.
(Address) University Hospital

53253 HEALTH DEPARTMENT—CITY OF BALTIMORE 53253

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital, St., Balto. Co. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Harrison Redd

(a) Residence: No. 1017 Central Avenue, City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Redd

DATE OF BIRTH (month, day, year) April 2, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Farmville,
(State or country) Virginia

13. NAME Sidney Redd

14. BIRTHPLACE (city or town) Farmville
(State or country) Virginia

15. MAIDEN NAME Judy ?

16. BIRTHPLACE (city or town) Farmville
(State or country) Virginia

17. INFORMANT Hospital Records

(Address) U. S. Marine Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/26 1938

19. UNDERTAKER C. H. Chase & Son,

(Address) 838 W. Gilmor St.

20. FILED 19 Registrar

23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938 to December 22, 1938

I last saw him alive on December 22, 1938 Death is said to have occurred on the date stated above, at 6:04 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, far advanced	Unknown
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. V. Anderson, M. D.

(Address) U. S. Marine Hospital, Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

53254 CERTIFICATE OF DEATH √13 F 53254

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2303 Allendale Rd St., 15-4 Ward)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Charles L. D. Yeagle

(a) Residence: No. 2303 Allendale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella E. Yeagle

DATE OF BIRTH (month, day, year): Feb. 7, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sergt. police
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Police Dept
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (city or town) (State or country): Manchester Md.
13. NAME: Paul Yeagle
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Margaret Baker
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT: Mrs. Ella E. Yeagle
(Address) 2303 Allendale Rd
18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Dec 26 1938
19. UNDERTAKER: Wm. H. McKew Sons
(Address) Howard & Eutaw
DATE: DEC 23 1938 Huntington Ave. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to Dec 22 1938
I last saw him alive on Dec 21 1938 Death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Aphasia)	7 mos
Chronic nephritis	
Other contributory causes of importance:	
Arteriosclerosis	1 yr

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. Long, M. D.
(Address) 2111 N. Fremont Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

3255 — 53255 — 93C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Pleasant Road St. 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Courtney Golden

If U. S. Veteran specify WAR .....

(a) Residence: No. 3436 Pleasant Road St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Golden

DATE OF BIRTH (month, day, year) Aug 6 - 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Mother Mrs. J. Kenney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Courtney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Robert Golden

(Address) 3436 Pleasant Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Date Dec 24 1938

19. UNDERTAKER The Undertakers

(Address) Baltimore Md

20. FILED DEC 23 1938 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to Dec 21, 1938

I last saw her alive on Dec 21, 1938. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937
Other contributory causes of importance: Cerebral Hemorrhage Dec 17th	1938

Was an operation performed? No Date of — 1938

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Herbert E. Zabel, M. D.

(Address) 3048 N. Howard St

256

HEALTH DEPARTMENT—CITY OF BALTIMORE F 53256

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Hereford Ave. St.) 15-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bernard Lampe

If U. S. Veteran specify WAR

(a) Residence: No. 3605 Hereford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie C. Lampe

7. DATE OF BIRTH (month, day, year) Aug. 28, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	64	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Frame

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfgr (Self)

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

13. NAME Henry Theo. Lampe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Rose

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hattie C. Lampe

(Address) 3605 Hereford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 24 1938

19. UNDERTAKER Wm H. Speer Sons

(Address) Pont & Pa

20. FILED ..... 19..... Registrar.

DEC 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29/38. 19..... to Dec. 22/38. 19.....

I last saw him alive on Dec. 19/38. 19..... Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - Sclerosis.	Unknown.
Other contributory causes of importance:	
Cerebral Hemorrhage.	July 29/38.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Hardy Chance M.D.

(Address) 933 Hanover St.

F 53257

53257 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Wilson St. 14-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sadie Taylor

(a) Residence: No. 507 Wilson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Connie Taylor

6. DATE OF BIRTH (month, day, year): Dec 6 1903

7. AGE: Years 35 | Months 0 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C

13. NAME OF FATHER: Ernest Taylor

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME OF MOTHER: [illegible] R

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Mrs Annie Taylor

(Address) 507 Wilson St

18. BURIAL, CREMATION, OR REMOVAL

Place: Ft Auburn Cem 12-24 38

19. UNDERTAKER: George P. Gibson

(Address) 1936 Druid Hill Ave

20. FILED: Registrar.

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

[illegible] by said [illegible] that said deceased came [illegible] (Inquest, Autopsy or Inquiry)

[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 19, 1938
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) George S. Allen M. D.

Coroner

(Address) 50 Fairmount St

258

HEALTH DEPARTMENT—CITY OF BALTIMORE 53258

CERTIFICATE OF DEATH

✓162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Juniper Road St. 12-1 Ward)

Length of residence in city or town where death occurred 90 yrs. 11 mos. 27 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry W. Mears

(a) Residence: No. 3800 Juniper Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma J. Roney

DATE OF BIRTH (month, day, year) Dec. 25, 1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Edward Mears

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Eliza Suter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Samuel R. Mears
(Address) 805 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 12/26/38

19. UNDERTAKER Boorsears & Son
(Address) 805 N. Calvert St.

FILED Dec 23 1938 Huntington Williams, M.D.

20.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1916 to Dec. 22, 1938

I last saw him alive on Dec. 21, 1938. Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene	
Other contributory causes of importance:	
Toxe	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Arthur J. Booth, M. D.

(Address) Greenway Apts

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 CERTIFICATE OF DEATH 131 F 53259

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 W Lombard St. 18-3 Ward)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth T. Morrison

(a) Residence: No. 1226 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of late James T. Morrison

DATE OF BIRTH (month, day, year) Jan 31st 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Father Nixon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie M Sanders

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Mary E. Morrison

(Address) 1226 W Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/24/ 1938

UNDERTAKER Wm J Cowan Sr

(Address) 401 Fulton St.

FILED ..... By .....

DEC 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1938 to Dec 22 1938

I last saw her alive on Dec 22 1938. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Int. Nephritis	1 yr
Other contributory causes of importance: Chronic Nephritis	1 yr

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. Horan M. D.

(Address) 837 N. Lombard St.

60 # HEALTH DEPARTMENT—CITY OF BALTIMORE 53260

CERTIFICATE OF DEATH

✓ 167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophie Hessler

(a) Residence: No. 2530 West Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry G. Hessler

6. DATE OF BIRTH (month, day, year) Jan 23, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Max Buettner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Henry G. Hessler

(Address) # 2530 West Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/24/1938

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED To the Registrar Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound abdomen	12/22.
Carcinoma cervix	
metastasis entire abdomen	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 12/22, 1938

Where did injury occur? Baltimore City

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 2530 W. Pratt St

Manner of injury self inflicted Gunshot

Nature of injury Gunshot wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Hamm Coroner M. D.

(Address) 1262 W. Baltimore St

3261 HEALTH DEPARTMENT—CITY OF BALTIMORE 53261

CERTIFICATE OF DEATH

Registered No. V 158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 W. Lombard St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Marie Ethel Steir

(a) Residence: No. 1312 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 11 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	10	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Michael Steir
14. BIRTHPLACE (city or town) (State or country) Austria Hungary
15. MAIDEN NAME Ethel Spearman
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr Michael Steir
(Address) 1312 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 12/26/ 1938

19. UNDERTAKER Chas. Conway Son.
(Address) 1501 Pennsylvania Ave

20. FILED Huntington Williams Registrar
DEC 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquery (Inquest, Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	12/23
Cyanosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. J. Hanna, M. D. Coroner

(Address) 1822 W. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53262

CERTIFICATE OF DEATH

✓ 93-eF 53262

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 S. Clinton St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Taylor

(a) Residence: No. 1305 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Taylor

DATE OF BIRTH (month, day, year) Feb. 13, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurateur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last working at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Robert Taylor

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Elizabeth Fletscher

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Martha Taylor

(Address) 1305 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Ceme Date Dec. 24, 38

19. UNDERTAKER Henry Sander & Son, Inc.

(Address) Baltimore St. & Broadway

20. FILED DEC 26 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Dec 22, 1938

I last saw h alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 8:55 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr. Nephritis	
Coronary Occlusion	12-22-38

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Kirkenmeick, M. D.

(Address) 542 S. Eden Lane.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53263

CERTIFICATE OF DEATH

F 53263

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Edgewood Sanatorium St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Heikkinen

(a) Residence: No. 100 Patapsco Ave., Dundalk Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Heikkinen

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Apr. 37

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Finland

13. NAME John Heikkinen

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Mr. John Hill

(Address) 13 Bayshir Rd., Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Dec. 24 19 38

19. UNDERTAKER Henry Sander & Son, Inc. Geo. R. Sander

(Address) Baltimore St., E. Govanstown

FILED DEC 23 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1936 to Dec 21, 1938

I last saw him alive on Dec 21, 1938 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yrs.
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Wheaton M. D.

(Address) 4309 York Rd

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

53264 CERTIFICATE OF DEATH ✓ 160-B 53264

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 19-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Kruse

(a) Residence: No. Franklin Sq. Hospital St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 21, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Charles Kruse

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Isabelle Webb

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Charles Kruse
(Address) North Point Road R 327

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart bur. Date Dec. 23 1938

19. UNDERTAKER Sander Sons Inc
(Address) 2310 E. Lexington St.

20. FILED DEC 23 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1938 to Dec. 22, 1938

I last saw him alive on Dec. 22, 1938. Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	

Other contributory causes of importance:

Multiple hemorrhages of brain cortex following fetal asphyxia.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Friedman, M. D.

(Address) Franklin Sq. Hosp.

53265

HEALTH DEPARTMENT—CITY OF BALTIMORE

53265

CERTIFICATE OF DEATH

66-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 9-8 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Melvin Kelly

(a) Residence: No. 623 St Ann Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	white	single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 6-20-1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles J Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Emma Schellenschlager

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Chas J. Kelly
(Address) 623 St Ann Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Dec 24 1938

19. UNDERTAKER Wm M Wendefeld & Sons
(Address) 811 E Fayette St

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Dec 22, 1938.

I last saw h— alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 5 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyroid Adenoma	12 7 38

Other contributory causes of importance:
Post Operative Broncho Pneumonia 12-10-38

Was an operation performed? Yes Date of 12-8-38

For what disease or injury? Thyroid adenoma

Name of operation Thyroidectomy

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. R. Turner M. D.

(Address) St. Josephs Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE #39972

53266

CERTIFICATE OF DEATH

107-a

SF F 53266

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-n Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lee Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1403 W. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1/19/1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	67	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Gertrude Turner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne Date Dec 24, 1938

19. UNDERTAKER Lottie Gross

(Address) 1408 Ashland Ave

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/38, 19

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1938 to December 21, 1938

I last saw him alive on December 21, 1938. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-14-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

53267 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53267

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Lanvale St. 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edward Evans

If U. S. Veteran specify WAR .....

(a) Residence: No. 41 Bennington Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Catherine Lord

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mrs. Catherine Frank

(Address) 41 Bennington Rd.

18. BURIAL, CREMATION, OR REMOVAL

at Mercy Lorain Date 12/23 1938

19. UNDERTAKER Geo. A. Finley

(Address) Talbot & Fayette

20. FILED 12/23/1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1938, to Dec. 23, 1938

I last saw him alive on Dec. 22, 1938. Death is said to have occurred on the date stated above, at 6:57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (bilateral)	Dec. 15, 1938
Both lung lobes	
Other contributory causes of importance:	
Laryngeal edema	Dec. 15, 1938

Was an operation performed? Tracheotomy Date of Dec. 21, 1938

For what disease or injury? Laryngeal edema

Name of operation Tracheotomy.

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles H. Cooper, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53268

CERTIFICATE OF DEATH

92-aF 53268

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1515 E. Kenwood St., Apt 2 Ward)

Registered No. 1572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Layfield

If U. S. Veteran specify WAR

(a) Residence: No. 1515 E. Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of WIFE of Emma R. Layfield

6. DATE OF BIRTH (month, day, year): April 2-1860

7. AGE: Years 78 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Sailmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 3 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Somerset Co Md.

13. NAME: George Layfield

14. BIRTHPLACE (city or town) (State or country): Hartsville Md.

15. MAIDEN NAME: Mary Ford

16. BIRTHPLACE (city or town) (State or country): Hartsville Md.

17. INFORMANT (Address): George W. Layfield Jr. 1515 E. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Fairmount Cem. Date Dec 24 19 38

19. UNDERTAKER (Address): Bernard A. Fink 907 Edmondson Ave.

20. FILED DEC 23 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset 1 hour

4 previous attacks

Other contributory causes of importance: Valvular heart disease — Date of onset 1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53269

CERTIFICATE OF DEATH

Registered No. F 53269

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Montpelier St. 49 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Laura Cordelia Marquette

(a) Residence: No. 617 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — single

DATE OF BIRTH (month, day, year) Feb 27 - 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Balto Md.

13. NAME OF FATHER — John Marquette

14. BIRTHPLACE (city or town) (State or country) — Balto Md

15. MAIDEN NAME OF MOTHER — Catherine L. Leonard

16. BIRTHPLACE (city or town) (State or country) — Balto Md.

17. INFORMANT (Address) — Miss Margaret Marquette 617 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Dec 24 1938

19. UNDERTAKER (Address) — William Cook 1217 St Paul St.

20. FILED DEC 23 1938 — Fenton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH 1140 PM

21. DATE OF DEATH (month, day, year) Dec 22, 1938

22. I HEREBY CERTIFY That I attended deceased from June 1, 1938 to Dec 22, 1938

I last saw her alive on Dec 18, 1938. Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis and Myocarditis (Chronic)	June 1, 1938
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Leonard, M. D.

(Address) 514 Drury Lane

HEALTH DEPARTMENT—CITY OF BALTIMORE

53270

CERTIFICATE OF DEATH

93-cF 53270

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Feldstein

If U. S. Veteran specify WAR

(a) Residence: No. 1812 Linden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Max Feldstein

6. DATE OF BIRTH (month, day, year): May 22 1873

7. AGE: Years 65 | Months 6 | Days 28 | If LESS than 1 day, hrs. or min. 7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Gabriel Feldstein

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Goodwin - ? -

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Jacob Feldstein

(Address) 1812 Linden St.

18. BURIAL, CREMATION, OR REMOVAL: Mt Lebanon Date 12-26 1938

19. UNDERTAKER: M. Goldberg

(Address) 1217 E Pratt St

20. FILED: Dec 29 1938 Registrar Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains above named on the above date; that I last saw deceased alive on (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 5-10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hann, M. D.

Coroner

(Address) 1210 Hanover

D. B. 1768-9

Jarrett. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53271 E 53271

1. PLACE OF DEATH 1400 W. Lexington St- Aged Men's Home. Registered No.

CITY OF BALTIMORE: (No. St., 14-2 Ward) 93-C (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aquilla A Baldwin

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) July 22 - 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Politician Money

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Geo E D Baldwin

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Eleanor Moore

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Home Records
(Address) 1400 Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 12/24 1938

19. UNDERTAKER William Cook
(Address) 1217 N Paul St

FILED 12/23 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/ 1938

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1936 to 12/22/ 1938

I last saw him alive on 12/22/ 1938 Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	December 11, 1938
Other contributory causes of importance: Arteriosclerosis, generalized. Myocarditis, chronic.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm B Jarrett M. D.

(Address) 1115 St. Paul St., City.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53272

CERTIFICATE OF DEATH

156-A 53272

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Av St. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 2211 Rogers St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widow

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Oliver

DATE OF BIRTH (month, day, year) May-18-1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bridgeport
(State or country) Conn

13. NAME James & Evans

14. BIRTHPLACE (city or town) Bermuda
(State or country)

15. MAIDEN NAME Sarah Gauntlett

16. BIRTHPLACE (city or town) Bermuda
(State or country)

17. INFORMANT Etta Cuddy
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Dec. 24. 1938

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul

20. FILED DEC 23 1938, 19
Registrar

MEDICAL CERTIFICATE OF DEATH 4 am

21. DATE OF DEATH (month, day, year) Dec 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 23, 1938

I last saw h.er alive on Dec 21, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myalgia	
Senility	
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) George C Shuman, M. D.

(Address) 700 Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53273

CERTIFICATE OF DEATH

82-B F 53273

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 312 S Stricker St. 19-3 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth 68 yrs. mos. ds.

2. FULL NAME Sabina Donohue

If U. S. Veteran specify WAR

(a) Residence: No. 312 S Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Donohue

DATE OF BIRTH (month, day, year) May 10 1874

AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	64	6	12	11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thos Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Hardy B Tormey

(Address) 312 S Stricker st

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cemetery Date 12/24 1938

19. UNDERTAKER George A Tharp

(Address) 1800 Ave Fayette st

20. FILED 12/26/38 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1935 to Dec. 21, 1938

I last saw her alive on Dec 20, 1938 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Cerebral Thrombosis	Dec 21

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert H. Mortimer M. D.

(Address) 2706 St Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53274

CERTIFICATE OF DEATH

53274

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (Street) 11-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edwin Gordon Cover

If U. S. Veteran specify WAR

(a) Residence: No. 9 N. Aurora St. (Usual place of abode) St., Ward. Easton Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Fluckenstein

DATE OF BIRTH (month, day, year) Nov 11, 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Henry Clay Cover

14. BIRTHPLACE (city or town) (State or country) T. Md

15. MAIDEN NAME Medora Fuss

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Minnie F. Cover (Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL Easton Md Place Johnsville Date Dec 26 1938

19. UNDERTAKER Wm. Goldsmith Sons (Address) 410 Dalton Place

20. Dec 23 1938 Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938 to Dec 23, 1938

I last saw him alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Left)	Dec 23/38
(History Stroke)	
Other contributory causes of importance:	
Hypertension - Arterio Sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. L. Fechtenberg M. D.

(Address) 222 N Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

53275 | CERTIFICATE OF DEATH | 82-13 | 53275

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St., 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gaines M. Bearden
If U. S. Veteran specify WAR

(a) Residence: No. 709 E. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nannie

DATE OF BIRTH (month, day, year): 3-3-1870

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	68	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tenn.

13. NAME: Rufus

14. BIRTHPLACE (city or town) (State or country): Tenn.

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Ft Lincoln cem Date: Dec 24 1938

19. UNDERTAKER: W. W. Chambers
(Address) 14 E. Chapin St Washington D. C.

20. FILED DEC 22 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-22- , 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-4- , 1934 to 12-22- , 1938
I last saw h[im] alive on 12-22- , 1938 Death is said to have occurred on the date stated above, at 9:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Cerebral Hemorrhage	3 mos
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice Lebolein, M. D.
(Address) Balto City Hosp.

53276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 53276

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sol Berwanger

If U. S. Veteran specify WAR

(a) Residence: No. 3500 West Rd Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Berwanger

DATE OF BIRTH (month, day, year) Feb 16-1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	10 —	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Abraham Berwanger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Henry Berwanger

(Address) 2222 W Longwood St

18. BURIAL, CREMATION, OR REMOVAL 12/26/33

Place Hebrew Friendship Cem

19. UNDERTAKER Lahman Co

(Address) 3932 Reisterstown Rd

20. FILED ... Hinton Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1933 to December 23, 1933

I last saw him alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Leg	
Septicemia	
Other contributory causes of importance:	
Diabetes	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert J. Gundersheimer M. D.

(Address) Sinai Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53277 53277 F 53277

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N. Calvert St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Burton

(a) Residence: No. 2211 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Franklin P. Burton

7. DATE OF BIRTH (month, day, year) Aug. 14, 1855.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	8	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Delaware

14. NAME Howard Crowsdale

15. BIRTHPLACE (city or town) (State or country) Delaware

16. MAIDEN NAME Malinda Starr

17. BIRTHPLACE (city or town) (State or country) Delaware

18. INFORMANT , Land Title ,
(Address) 2211 N. Calvert St.

19. BURIAL, CREMATION, OR REMOVAL
Place , Date , 19

20. UNDERTAKER Harry A. Whittle
(Address) 1101 Madison Ave.

21. FILED DEC 22 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 20th, 1938, to December 22nd, 1938.

I last saw her alive on December 18th, 1938. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrocardiac	
Arterio Sclerosis	

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Melsop Reid M. D.

(Address) 3005 St. Paul St.

278 E 53278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W Monument St 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary R. Clark

(a) Residence: No. 212 W Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown 1863

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

13. NAME Samuel F Clark

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

15. MAIDEN NAME Mary Cissel

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Elizabeth Estes Mullin

(Address) 1501 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Washington D. C.

Place Mt Olivet Cem Date Dec 27, 1938

19. UNDERTAKER Henry Kerlin & Son

(Address) Edmondson Ave Catonsville

20. FILED ..... 19— Registrar.

DEC 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 1st 1938 to Dec 23rd 1938

I last saw her alive on DECEMBER 22nd 1938. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO-SCLEROSIS	
Other contributory causes of importance: INTERSTITIAL NEPHRITIS	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thomas L Shearer M. D.

(Address) 3801 N Charles St Baltimore Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

53279 — 53279 — 92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Linwood Lane St., 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles F Thormann — If U. S. Veteran specify WAR WW

(a) Residence: No. 3000 Linwood Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma V. Thormann

DATE OF BIRTH (month, day, year) Aug 24 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	3	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Coke Oven

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cement Mfg

10. Date deceased last worked at this occupation (month and year) Dec 1938 — 11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John A. Thormann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Martha E Noble

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. Charles F. Thormann

(Address) 3000 Linwood Lane

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/26/38

UNDERTAKER W. M. Cole & Son

(Address) 1214 Park Ave

FILED ..... 19..... Registrar.

DA 1938 Huntington Pittsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Dec 23 1938

That I saw him/her alive on Dec 22 1938 Death is said to have occurred on the date stated above, at 7:40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	July 1937
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. Reichard M. D.

(Address) 3201 St. James St

F53280

HEALTH DEPARTMENT—CITY OF BALTIMORE

F53280

CERTIFICATE OF DEATH

82-6

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 702 N. Fulton Ave St. 14-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary

If U. S. Veteran specify WAR

(a) Residence: No. 702 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/1 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 12-26 1938

19. UNDERTAKER George T. A. Gibson
(Address) 1738 Druid Hill Ave

FILED [illegible] Hunter Williams, M.D.
(Registrar)

84 1038

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.

(Address)

53281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53281

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Winchester St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ingrid Pearce

(a) Residence: No. Same (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Pearce

7. DATE OF BIRTH (month, day, year): April 13, 1902

8. AGE: Years 36; Months 8; Days 10; If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

13. NAME: Frank Tyler

14. BIRTHPLACE (city or town) (State or country): St. Marys Co. Md.

15. MAIDEN NAME: Theresa Tyler

16. BIRTHPLACE (city or town) (State or country): St. Marys Co. Md.

17. INFORMANT: Walter Price (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place St Nicholas St. Marys Co. Md. Date 12-25 1938

19. UNDERTAKER: H. C. Mettinger (Address) Leonardtown, Maryland

DEC 24 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
	new
Other contributory causes of importance: Mandatory Arrangest	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 216 Parsons

S 6

53282 HEALTH DEPARTMENT—CITY OF BALTIMORE 53282

CERTIFICATE OF DEATH

Registered No. + 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Haug

(a) Residence: No. Kenwood Ave., Raspeburg, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Haug

6. DATE OF BIRTH (month, day, year) Oct. 10, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER'S FATHER'S

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mr. Carl Haug,
(Address) Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Dec. 26, 1938

19. UNDERTAKER Frederick Leuschner
(Address) 7401 Belair Road

20. FILED Dec 27 1938 Thomas J. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22nd, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by me and Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Dec. 22, 1938, 19

Where did injury occur? Balto. Co., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Walking in Rd. at Beech & Kenwood Av. struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Nelson, M. D.

(Address) 2757 Hunt Coroner

S 6

53283

HEALTH DEPARTMENT—CITY OF BALTIMORE

53283

CERTIFICATE OF DEATH

349-23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Watkins (36619)

If U. S. Veteran specify WAR

(a) Residence: No. 1347 Stockton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) Aug. 8, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tomato Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor Work 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME George Keane

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Laura Pollard

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 24 1938

19. UNDERTAKER V. G. Brookes

(Address) 1463 N. Caroy St

FILED 19

Registrar.

DEC 24 1938 Huntington Parkway, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1938 to December 22, 1938

I last saw him alive on December 22, 1938 Death is said to have occurred on the date stated above, at 12:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

53284 HEALTH DEPARTMENT—CITY OF BALTIMORE 53284

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Fulton St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. T. Jacobs

If U. S. Veteran specify WAR

(a) Residence: No. 311 N. Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Jacobs

DATE OF BIRTH (month, day, year) Aug 26 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Jacobs

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Francis Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Sadie Jacobs

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 24. 1938

19. UNDERTAKER Mrs Francis A. Hensley

(Address) 573 Druid Hill Ave.

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938 to Dec 21, 1938

I last saw him alive on Dec 20, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	4 mos
Other contributory causes of importance: Chronic Cardio-Renal disease	Couple yrs

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E. Monument St.

Dec 24 1938

53285

HEALTH DEPARTMENT—CITY OF BALTIMORE

53285

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2946 Edmondson St. 8th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Ann Nagle

(a) Residence: No. 2946 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph H.

7. DATE OF BIRTH (month, day, year) April 14 1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co.

13. NAME Unknown Pennington

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md

15. MAIDEN NAME Unknown Grayson

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md

INFORMANT Mrs Mabel Bateman

(Address) 2946 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 24 1938

UNDERTAKER Williams J Dyches & Sons

(Address) North & Penna. Ave

FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Dec 23 1938

Last saw h.. alive on Dec 23 1938. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanotic Heart,	
Other contributory causes of importance: Infirmities of Age	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Robert Reed M. D.

(Address) 2502 Eutaw Pl.

Spec—9 30—A & Co—250 Blks

F 53286

F 53286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Edgewood Sanitarium ST 27-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary L. (Louise) Shambeffer

(a) RESIDENCE NO 508 Dunbridge Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxxx

6 DATE OF BIRTH (month, day, and year) May 30, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	78	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Nicholas Shambeffer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Barkfold

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. John N. McFee

(Address) 108 Thicket Road

15 Filed ____, 19____ ____ Registrar

1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23, 1938

17

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1938, to December 23, 1938

that I last saw her alive on December 23, 1938

and that death occurred, on the date stated above, at 6 00 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Splenic flexure of colon

(duration) 1 yrs. 6 mos. d

CONTRIBUTORY (Secondary) metastases

(duration) yrs. 6 mos. d

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July '38 Aug '38

Was there an autopsy? No. Operation

What test confirmed diagnosis? Microscopic section

(Signed) H. S. Chalfant M. D.

Dec 24, 1938 (Address) 621 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Dec. 24 1938

20 UNDERTAKER Wm. J. Tiebner and Sons

ADDRESS North & Pa.

53287

HEALTH DEPARTMENT—CITY OF BALTIMORE

53287 #37242

CERTIFICATE OF DEATH

34J-953 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Life St. 18-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME James Brooks

(a) Residence: No. 912 Mulberry St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

DATE OF BIRTH (month, day, year) 7/4/1891

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	47	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Silas

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary C Date 12/24/38 19

19. UNDERTAKER David L Brown & Son

(Address) 1911 Mt Pleasant Ave

20. FILED 19 Registrar.

~~DEC 24 1938~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-21-, 1938. to 12-23-, 1938

I last saw him alive on 12-22-, 1938. Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J McCaughtan Gibson M. D.

(Address) Balto City Hosp.

~~DEC 24 1938~~ H. E. [illegible] Baltimore, Md.

53288 27S

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53288

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 1400 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacqueline Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 1514 Pennsylvania St., Case Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) 9/22/36

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Balto. (State or country) Maryland

13. NAME William Hall

14. BIRTHPLACE (city or town) Wash. (State or country)

15. MAIDEN NAME Evelyn Taylor

16. BIRTHPLACE (city or town) U.S. (State or country)

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Cem. Date 12/24/, 1938

19. UNDERTAKER Wm Geo H. Holland (Address) 1631 David Hill Ave.

20. FILED , 19 Registrar.

DEC 24 1938 Huntingdon Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1938 to Dec 22, 1938

I last saw her alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	11/27/38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CSF-culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm C. Stiefler Jr. M. D.

(Address) Johns Hopkins Hosp. Balto.

289

HEALTH DEPARTMENT—CITY OF BALTIMORE

53289

CERTIFICATE OF DEATH

V 95-B 39204 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Catherine Kate Buttner

If U. S. Veteran specify WAR

(a) Residence: No. 1232 S. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 1-22-1863

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	75	11	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME James A. Wilson

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Rebecca Thomas

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 12-24 1938

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED ..19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22- 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-21- 1938 to 12-22- 1938

I last saw h[illegible] alive on 12-22- 1938 Death is said to have occurred on the date stated above, at 9 0 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Heart disease	1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. M. Waghelstein M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53290 (53290)

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1214 W 40" St (St.) 43-8 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James W. Thompson

(a) Residence No. 1214 W. 40" St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Cornelius Thompson

DATE OF BIRTH (month, day, year) April 11-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

13. NAME James W. Thompson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emily Gibbons

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Estella C. Thompson

(Address) 1214 W. 40" St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 12/24/38

19. UNDERTAKER Geo. L. Berger Sr.

(Address) 512 Hilton St

Huntington Williams, Nott Registrar

20. FILED DEC 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 19.. to Dec 19 19..

I last saw him alive on Dec 8 19.. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Dec 8
Hypertension	38
Senile Arteriosclerosis	
Acute Uremia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Fred Rusch M. D.

(Address) 800 N Dallas St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53291 53291

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if at foreign birth? yrs. mos. da.

2. FULL NAME [redacted], John Michael Clarke

If U. S. Veteran specify WAR .....

(a) Residence: No. 843 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

DATE OF BIRTH (month, day, year) April 4, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael Clarke

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Blanche Chenoweth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Michael Clarke

(Address) 843 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 24 1938

19. UNDERTAKER Wm. J. Tickner & Son

(Address) 1 W. Fayette St.

20. FILED DEC 24 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23rd. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22nd. 1938. to Dec. 23rd. 1938

I last saw h[redacted] alive on Dec. 23rd. 1938 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia,	
Otitis Media (Left)	Dec. 18th

Other contributory causes of importance

Meningismus

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Gilbert J. Wells M. D.

(Address) University Hospital

F 53292

292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-D

1. PLACE OF DEATH St Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens Catonsville St. 20-3 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME William Roeder

(a) Residence: No. 100 S Mount St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene

DATE OF BIRTH (month, day, year) April 15-1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Mrs Roeder

14. BIRTHPLACE (city or town) Johns Hopkins (State or country) Md.

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

INFORMANT Mrs. Wm. Roeder
(Address) 100 S. Mount St

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Dec 27 38

UNDERTAKER C. H. Herbert & Son
(Address) 700 Eastern Ave

FILED ... 19... Registrar.

DEC 24 1938 Huston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1938 to 12-23 1938
I last saw him alive on 12-21 1938. Death is said to have occurred on the date stated above, at 2.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-15-38
For what disease or injury? Carcinoma of rectum
Name of operation Resection of rectum
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state (1) .....

(Signed) Stephen V Sereiff, M. D.
(Address) St Agnes Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53293 CERTIFICATE OF DEATH 1245 F 53293

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1613 N. Patterson Park Ave. St., 8-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Catherine Norfolk

If U. S. Veteran specify WAR

(a) Residence: No. 1613 N. Patterson Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Norfolk

DATE OF BIRTH (month, day, year) Nov. 25, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Louis Norfolk

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lee Biner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. T. E. Poulton

(Address) 3730 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Comm. Date Dec. 27, 19 38

19. UNDERTAKER Wm. J. Tielmerand Sons

(Address) North and Pa. ave.

20. FILED , 19 Wilmington, N.C.

DEC 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938 to Dec. 23, 1938

I last saw her alive on Dec 22, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Liver Hyperchromic	
Myocarditis	
Other contributory causes of importance:	
Terminal Pneumonia	

Was an operation performed? No Date of

For what disease or injury? Gall Bladder

Name of operation Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. W. Livesay M. D.

(Address) 1617 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

53294

3294

CERTIFICATE OF DEATH

193-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 2117 Dennison St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah G. Reese

(a) Residence: No. 2432 N. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of GEORGE E. REESE

DATE OF BIRTH (month, day, year) Sept 28, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME James Wright

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Caroline H. Pritt

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT Charles P. Wall

(Address) Rolling Road, Catonsville

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemy Date Dec 24, 1938

UNDERTAKER John A. Mitchell & Son

(Address) 1900 Eutaw Place

Huntington Williams M.D. Registrar

FILED DEC 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1938 to Dec 23 1938

I last saw her alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 3 30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 18-38

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard A. Kelly M. D.

(Address) 2329 Arunah Ave.

3295 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53295

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No. 186a 187

CITY OF BALTIMORE: (No. Bay View St., 18-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Thomas If U. S. Veteran specify WAR

(a) Residence: No. 536 Lemmon St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Thomas

6. DATE OF BIRTH (month, day, year) March 14 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8	634	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME of Father Thos Thomas

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME of Mother Elizabeth

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mary Thomas (Address) 536 Lemmon St. W.P.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Dec. 24, 1938

19. UNDERTAKER Mrs Katie B. Williams (Address) 722 N. Schroeder St

20. FILED DEC 24 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	Dec. 22 1938
Fracture Femur	
	Dec. 22 1938
Other contributory causes of importance: Cardiac, Chronic	1931

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury? Dec. 22, 1938

Where did injury occur? Balto. City Hospitals (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Ward A 5

Manner of injury Jumped out of Window?

Nature of injury Fractures as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St

3296

F 53296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 349-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen Johnson (38428)

(a) Residence: No. 925 Milton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 10, 1907

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31 ~~33~~	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Johnson

14. BIRTHPLACE (city or town) (State or country) ??

15. MAIDEN NAME Stella ??

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 24, 1938

19. UNDERTAKER Mr Katz R. Williams
(Address) 3224 Edmondson Ave

20. FILED Dec 24 1938 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1938, to December 22, 1938

I last saw her alive on December 22, 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Aug 1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. M. Curtis, M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

53297

CERTIFICATE OF DEATH

79-aF 53297

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. veteran (specify WAR)

2. FULL NAME Lloyd Austin Speicer

(a) Residence: No. 1519 E. 29th St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Estella M. Speicer

6. DATE OF BIRTH (month, day, year) April 19, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George W. Speicer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Elizabeth Kinding

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William H. Speicer

(Address) 1519 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] PLAWN'L CEM. Date DEC 26 19[redacted]

19. UNDERTAKER Jos. H. Black & Son

(Address) 1001 Calvert St

Huntington Williams, Nyt

DEC 24 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of forehead	

Other contributory causes of importance:

Non Specific Cerebral Meningitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

53298

HEALTH DEPARTMENT—CITY OF BALTIMORE

53298 F

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22 1 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Katherine Roach

(a) Residence: No. 321 Berkshire Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (or) WIFE of: William J. Roach

6. DATE OF BIRTH (month, day, year): May 8th 1852

7. AGE: Years 86 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Patrick McCarthy

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Chas Bengel
(Address) 1) Carlton St.

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date Dec 26 1934

19. UNDERTAKER: John J. Lloyd & Son
(Address) 2001 Eutaw St

20. FILED 19

34 W38 Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest / Autopsy / Inquiry) thereon and from the evidence obtained by said (Inquest / Autopsy / Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	1 week
Fracture of femur (left)	16 days
Other contributory causes of importance: chronic Cellulitis of leg	2 yrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, [redacted], or [redacted]? No Date of injury 12/8/ 1934

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down cellar steps

Nature of injury Fractured left hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams M. D.
Coroner

(Address) 2360 Eutaw place

E 53299

53299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Wolfe St 6-4 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Polek

(a) Residence: No. 120 N. Wolfe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Simon Polek

6. DATE OF BIRTH (month, day, year) — 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER TONGUE

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Wanda

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Simon Polek
(Address) 120 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL Mass Dec 24 1938
Sacred Heart

19. UNDERTAKER Fred W Ozaguerty
(Address) 930 Eastern Ave.

20. FILED Huntington Williams, M.D.

DEC 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day and from the cause stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

53300

CERTIFICATE OF DEATH

X/121 F 53300

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secor St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Katherine Wittmann

If U. S. Veteran specify WAR

(a) Residence: No. 4147 Wilkens Ave St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John W Wittmann

DATE OF BIRTH (month, day, year) April 12-1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Wittmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Wittmann

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Christopher

(Address) 4192 Wilkens Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/26 1938

UNDERTAKER Edward Tomlinson

(Address) 2309 Garrison Blvd Arlington Baltimore, Md.

FILED DEC 24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1938 to Dec 22 1938

I last saw her alive on Dec 22, 1938 Death is said to have occurred on the date stated above, at 1054 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	?
Hypertension	?
Arteriosclerosis	

Other contributory causes of importance:

Ruptured suppurative appendicitis

Was an operation performed? Yes Date of 11-29-38

For what disease or injury? Ruptured appendicitis

Name of operation appendectomy and drainage

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. N. Brouillet M. D.

(Address) Bon Secours Hosp

F 53301

301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1938

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Woodhaven St. 15-6 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Salomon Stein

(a) Residence: No. 3804 Woodhaven Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rae Nee Rankin

6. DATE OF BIRTH (month, day, year): 1-1-1891

7. AGE: Years 47 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Finner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Myer L. Stein

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Para Stein

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Martin L. Stein

(Address): Same

18. BURIAL, CREMATION, OR REMOVAL: 12-26-38

Date 19

Beth Tfilah

19. UNDERTAKER: Jack Louis Joe

(Address): 1439 E. Baltimore St.

DEC 25 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/23/38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hagen M. D.

(Address) C. H. Hanauer Coroner

3302 E 53302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1872
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 4-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mitai T. Grasett

(a) Residence: No. 41 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. C. Grasett (d)

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario

FATHER

13. NAME Joseph Stanton

14. BIRTHPLACE (city or town) (State or country) Ontario

MOTHER

15. MAIDEN NAME Rhoda Thurston

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Clarence E. Harris son
(Address) 41 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 27 1938

19. UNDERTAKER Henry W. Jenkins & Co.
(Address) Orchard & Fremont Sts

DEC 25 1938 Huntington Williams, Jr. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day
Arterio sclerosis	Yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm. C. Wood M. D.
Coroner

(Address) 712 N. Gay St.

6 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53303 — 53303

82-4

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Rollins St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillie Pazz

(a) Residence: No. 224 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Pazz

6. DATE OF BIRTH (month, day, year): 1858

7. AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Lazar Pazzan

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Helen

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Louis Kaplan

(Address) 3817 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Shaw Rosedale Date: Dec 25 1938

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1124-26 W. North ave

20. PLACE OF DISPOSITION: Wilkinson Mem Park

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Keys, M. D.

Coroner

(Address) 1251 Mt. Royal Ave

3304 F 53304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-12-46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Ulman ave St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Singer

(a) Residence: No. 2812 Ulman ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Late Rachel

DATE OF BIRTH (month, day, year) March 10, 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Singer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Besser ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fannie Singer

(Address) 2812 Ulman ave

18. BURIAL, CREMATION, OR REMOVAL Edgewood Washington Blvd Date Dec 25, 1938

19. UNDERTAKER Sol Kurzon & Bros

(Address) 1124-26 W Northern ave

20. FILED DEC 25 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to Dec 22, 1938

I last saw him alive on Dec 22, 1938 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Dec 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Samuel Lichtenstein M. D.

(Address) 1810 Eutaw Place

53305 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53305

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens + Catonsville Ave St 3-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gus Massalos
If U. S. Veteran specify WAR .....

(a) Residence: No. 2839 Woodbrook Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 2 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	7	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Greece

13. NAME James Massalos
14. BIRTHPLACE (city or town) (State or country) Greece
15. MAIDEN NAME Georgia Agouree
16. BIRTHPLACE (city or town) (State or country) Greece

INFORMANT George Agnew
(Address) 4013 Boarman Ave Balto.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Dec. 26 1938

UNDERTAKER J. Francis Reese
(Address) Westminster, Md.

FILED ..... 19..
DEC 25 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1938, to Dec. 23, 1938
I last saw him alive on Dec. 23, 1938 Death is said to have occurred on the date stated above, at 4 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Cecum & Ileocecal Junction	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-22-38
For what disease or injury? Intestinal tumor
Name of operation Michelin.
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify .....

(Signed) John F. Coolahan M. D.
(Address) St Agnes' Hospital

33306 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33306

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 N. Broadway St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Edward Burch

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1216 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or)~~ WIFE of Clara R. Burch

DATE OF BIRTH (month, day, year) Dec 13th 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. L. Winchester

10. Date deceased last worked at this occupation (month and year) 32

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

13. NAME Charles T. Burch

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

15. MAIDEN NAME Nancy Thompson

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Clara R. Burch

(Address) 1216 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 26th 1938

19. UNDERTAKER Wm Cook

(Address) 121 S. Bond St

20. FILED DEC 25 1938 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23rd 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1938 to Dec 23 1938

I last saw h... alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 9 '38
Other contributory causes (importance):	
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. H. Thomas M. D.

(Address) 3136 Bonford Rd.

E&K

53307 HEALTH DEPARTMENT—CITY OF BALTIMORE 53307

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 700 N. Broadway St., 7-5 Ward)

Length of residence in city or town where death occurred about 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Franklin Orem

If U.S Veteran specify WAR

(a) Residence: No. 700 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Orem

DATE OF BIRTH (month, day, year) July 3, 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Postman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) July 1937 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Church Creek, Md.

13. NAME Daniel J. Orem

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Dorothy A. Busick

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Mary Orem

(Address) 700 N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Dec 26 1938

UNDERTAKER Franklin W. Lentz

(Address) 814 W. 36th St Huntington Wisconsin

FILED DEC 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938 to Dec 24 1938

I last saw him alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 12-10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	11/20
Other contributory causes of importance:	
Coma	12/24

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Gage M. D.

(Address) 704 N Broadway

53308

HEALTH DEPARTMENT—CITY OF BALTIMORE

53308

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 N. Broadway St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary W. Leitch,

(a) Residence: No. 1832 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William A. Leitch,

DATE OF BIRTH (month, day, year) Nov. 5 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City,

13. NAME Jacob Williams.

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Mary E. Mitchell.

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Miss Ellen I. Snow,
(Address) 1832 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL DEC 27 1938
Place Greenmount Date 19

19. UNDERTAKER Robert S. Little
(Address) 2700 Edmondson Ave.

20. FILED 19 H. E. [illegible] Registrar.
DEC 25 1938 [illegible], M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 24 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 10- 1938 to Dec 24- 1938

I last saw her alive on Dec 24- 1938. Death is said to have occurred on the date stated above, at 11-30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	9/10/38
Other contributory causes of importance: Edema of Lungs	12/24/38

Was an operation performed? June Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E North Ave

309

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53309

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 2804 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lloyd Walton

(a) Residence: No. 1303 Walnut Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Cecil Walton

6. DATE OF BIRTH (month, day, year) Sept. 27-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	2	26	

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hospitals

10. Date deceased last worked at this occupation (month and year) Dec. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Lic. Walton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine Ruth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. W. W. Shriver

(Address) 4130 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 12/26/38

19. UNDERTAKER W. W. Shriver Inc.

(Address) 4130 Edmondson Ave

Huntington Williams, M.D.

DEC 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced, as well as from my knowledge, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Chronic Heart disease	Months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 E. Broad St

DEC 26

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53310

CERTIFICATE OF DEATH

40137 J5

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Fanny Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 316 Camel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Granville

DATE OF BIRTH (month, day, year) Dec 25, 1899

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
38	39	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warsaw Va

13. NAME Williams Eastcoat

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Coy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr. Randolph Glascoe

(Address) 1114 Eutaw rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Douglass Date Dec 25 1938

19. UNDERTAKER Adolphus Hall

(Address) 1238 Druid Hill Ave

20. FILED DEC 25 1938 [illegible]

Dec

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-20-, 1938, to 12-22-, 1938

I last saw her alive on 12-22-, 1938 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	?
Cerebral Hemorrhage	12-20-38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. McCaghelastein, M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

53311 CERTIFICATE OF DEATH 43 F 53311

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Spencer (40127

If U. S. Veteran specify WAR

(a) Residence: No. 1525 Vine St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, year) Mar. 29, 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Harvey Blanchett

14. BIRTHPLACE (city or town) (State or country) ??

15. MAIDEN NAME Flora ?

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Doughgirk Date Dec 23 38

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 19 Registrar.

DEC 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1938 to December 22, 1938

I last saw her alive on December 22, 1938 Death is said to have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

Alice May

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53312

CERTIFICATE OF DEATH

342

82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 773 Fosper St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Moy

If U. S. Veteran specify WAR .....

(a) Residence: No. 773 Fosper St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James Edward Moy

7. DATE OF BIRTH (month, day, year) 1858

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Hezekiah Fulda

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Meagarh ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Maggie Conaway

(Address) 773 Fosper St

18. BURIAL, CREMATION, OR REMOVAL Shaaray Shalom Date Dec 27 1938

19. UNDERTAKER Adolphus Hatfield

(Address) 918 Druid Hill Ave

20. FILED Huntington Williams, Registrar

DEC 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/38 19

22. I HEREBY CERTIFY, That I attended deceased from 12/25/38 19 to 12/27/38 19

I last saw h alive on 12/27/38 Death is said to have occurred on the date stated above, at 7:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/19/38

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellis, M. D.

(Address) 734 Mosher

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53313

CERTIFICATE OF DEATH

✓94-D 53313

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Old Frederick Rd St. 20-7 Ward)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Thornton

(a) Residence: No. 3710 Old Frederick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Wm Thornton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Fuller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary Thornton

(Address) 3710 Elm Edge Rd

18. BURIAL, CREMATION, OR REMOVAL 12/26/38

Date

Undertaker Geo H Kennbach

(Address) 1-25 Washington Blvd Huntington Williamsport, Md

19. [illegible] 19

Registrar

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	12/22
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, [illegible]

(Signed) H. Hamm M. D.

(Address) 1822 W Baltimore St Coroner

THWAITE

53314

HEALTH DEPARTMENT—CITY OF BALTIMORE

53314

CERTIFICATE OF DEATH

82-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkin Hosp St. 27-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 30 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank M. Thwaite

U. S. Veteran

(specify WAR)

(a) Residence: No. 6202 Greenspring Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 8/12/187[illegible]

7. AGE: Years 62; Months 4; Days 12; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gardener.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Pa.

13. NAME OF FATHER: Thos Thwaite

14. BIRTHPLACE (City or town) (State or country): England

15. MAIDEN NAME OF MOTHER: Annie McClain

16. BIRTHPLACE (City or town) (State or country): Pa.

17. INFORMANT: Hospital Records

(Address): 6202 Green Spring Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Dec 27, 1938

19. UNDERTAKER: Frank D. Newell

(Address): Lakewood Pl. Baltimore, Md.

DEC 26 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner M. D.

(Address) Coroner

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

53315

CERTIFICATE OF DEATH

93-C F 53315

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Mt. Royal Terrase 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Arthur F. Aldridge

(a) Residence: No. 2124 Mt. Royal Terrase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna S. Wall Aldridge

DATE OF BIRTH (month, day, year) May 8, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Edgar Aldridge

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah Allen

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Anna S. Aldridge,
(Address) 2124 Mt. Royal Terrase

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/26 1938

19. UNDERTAKER C. Vernon Lennon
(Address) 4611 Park Heights Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from , 1938 to 12/23/38, 1938

I last saw him alive on 12/23/38, 1938 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	12/19/38
Other contributory causes of importance: Myocarditis	Hrs or Days
Arteriosclerosis	Yrs or Mos

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. White, M. D.

(Address) 532 E. 22nd. St.

53316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 53316

1. PLACE OF DEATH 3211 Virginia Ave. Registered No.

CITY OF BALTIMORE: (No. ... St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Urilla R. Hammen

If U. S. Veteran specify WAR

(a) Residence: No. 3211 Virginia Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Information could not be obtained

DATE OF BIRTH (month, day, year) Oct. 6th, 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	2	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Michael Hooper

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Margaret Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Jos. E. McAvoy

(Address) 3211 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 12/27/38 19

19. UNDERTAKER C. Vernon Lennon.

(Address) 4611 Park Heights Ave.

FILED DEC 26 1938 19 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. -, 1938, to Dec - 24th, 1938

I last saw h[illegible] alive on Dec - 24th, 1938. Death is said to have occurred on the date stated above, at 8-30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1-2-38
Nat'l Arteriosclerosis	
Other contributory causes of importance:	
Chronic Endocarditis	
Arteriosclerosis - Both Lungs	1-2-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. H. Magruder M. D.

(Address) 14 E. Eager St

Vernon 2489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53317

CERTIFICATE OF DEATH

11-B 53317

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 East 41st St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna E. Leonhardt

(a) Residence: No. 601 East 41st St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Leonhardt

DATE OF BIRTH (month, day, year) April 12-1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James N. Hubbard

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs Katherine Blatchley

(Address) 730 East 36th St.

17. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 27, 38

18. UNDERTAKER Charles S. Black

(Address) 742 W. North Ave.

19. FILED ... 19 ... Huntington Williamsport, Md.

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1938. to Dec. 24, 1938

I last saw her alive on Dec. 24, 1938. Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 yrs.
Other contributory causes of importance: Influenza.	

Was an operation performed? No. Date of

For what disease or injury? No.

Name of operation No.

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. Willis Greyton M. D.

(Address) 3963 Greenmount Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5:3:318 + 48 5:3:318

5:3:318

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Madeline Dumont

(a) Residence: No. Arlington Ave. Relay Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert W. Dumont

DATE OF BIRTH (month, day, year) Dec. 7, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Laura Cook

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 27 1938

19. UNDERTAKER Eastern Ave Funeral Home

(Address)

20. FILED DEC 26 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24 1938

22. I HEREBY CERTIFY, That I attended deceased from December 17 1938 to December 24 1938

I last saw her alive on December 24 1938 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the cervix	
Uremia	
Abdominal carcinomatosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lowe Sheppard M. D.

(Address) St Agnes Hospital

53319 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 F 53319
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 425 E 20 th St 12-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.
U.S. Veteran
2. FULL NAME Helen L. Benjamin specify WAR
(a) Residence: No. 425 E 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Allen F Benjamin
6. DATE OF BIRTH (month, day, year): 11/3/81
7. AGE: Years 57; Months 2; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 60 yr
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country): Salisbury Md.
13. NAME: H. H. Leonard
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Isabella White
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs E. L. Jackson Jr
(Address) 108 Elmhurst Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Salisbury Md Date: Dec 27 38

19. UNDERTAKER: Albert W Dennis
(Address) 440 E North Ave

20. FILED: 19 Registrar
Huntington Hillcrest, Md

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance: Senile Decrepitude

Was an operation performed? Date of
For what disease or injury?
Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans M. D.
Coroner
(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53320 46-F 53320

Registered No.

1. PLACE OF DEATH

53320

CITY OF BALTIMORE: (No. 308 Cedarcroft Road St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Homer Bliss Shaffer

(a) Residence: No. 308 Cedar Croft Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Peck

DATE OF BIRTH (month, day, year) Sept., 10, 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer First

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Va.
(State or country)

13. NAME Richard M. Shaffer

14. BIRTHPLACE (city or town) W. Va.
(State or country)

15. MAIDEN NAME Sarah Roth

16. BIRTHPLACE (city or town) W. Va.
(State or country)

17. INFORMANT Eva Peck Shaffer
(Address) 308 Cedar Croft Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemy Date Dec 26, 1938

19. UNDERTAKER John A. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7/37 19 to Dec 24 1938

I last saw him alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancreas	
Other contributory causes of importance	

Was an operation performed? yes Date of Aug/37

For what disease or injury? Carcinoma of Pancreas

Name of operation Primary Gall Bladder Stomach

What test confirmed diagnosis? Opinion Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H H Pearce M. D.

(Address) 2105 N. Charles St.

Pearce

55321 H064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. E 53321

CITY OF BALTIMORE: (No. ..... St. 725 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Henderson — If U. S. Veteran specify WAR .....

(a) Residence: No. 60 W. 6th St. St., ... Ward. Oswego N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 6-19-90

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME James Henderson

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Jennie Thomas

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery N.Y. Date Dec. 27 1938

19. UNDERTAKER Wm. Burkhardt & Son
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar. Williamsville N.Y.

DEC 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1938 to Dec 24 1938

I last saw her alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 8 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hypertension	
Nephrosclerosis	
Arteriosclerosis, generalized	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

53322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-W F 53322

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2468 Shirley Ave St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wright Wood.

If U. S. Veteran specify WAR

(a) Residence: No. 2648 Shirley Ave. St., Ward.

2468 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma A.

6. DATE OF BIRTH (month, day, year) August 13-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent of Repairs & Maintenance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. Railroad Co.

10. Date deceased last worked at this occupation (month and year) 12-20-38

11. Total time (years) spent in this occupation 40yr

12. BIRTHPLACE (city or town) (State or country) Hannibal Missouri

13. NAME William Wood

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Emily Wright Taylor.

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Alma A. Wood.

(Address) 2468 Shirley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Dec 26, 1938

19. UNDERTAKER Wm. Tackett & Son

(Address) North & Pulaski

20. FILED Huntington Williams, Registrar

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23-, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 21-, 1938, to December 24-, 1938.

I last saw him alive on December 23-, 1938. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12-19-38
Other contributory causes of importance:	
Atheroma	unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53323

CERTIFICATE OF DEATH

48 F 53323

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 S Collington Ave) (Ward) 1-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Herda

If U. S. Veteran specify WAR

(a) Residence: No. 240 S Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Herda

DATE OF BIRTH (month, day, year) May 23 - 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME J. Kazanowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Herda
(Address) 240 S Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec. 27 19 38

19. UNDERTAKER Fred W Kazanowski
(Address) 1930 Eastern Ave

20. FILED Huntington Williams
DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937 to Dec 23, 1938

I last saw h alive on Dec 23, 1938 Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uteri	
Other contributory causes of importance:	

Was an operation performed? yes Date of Oct 13, 1937

For what disease or injury?

Name of operation Curet and Bovary

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L. L. Norlock M. D.

(Address) 1765 Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

53324

CERTIFICATE OF DEATH

131 F 53324

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Hemlock Ave. St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Osenburg

(a) Residence: No. 2826 Hemlock Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Osenburg

7. DATE OF BIRTH (month, day, year) Feb. 19 - 1853

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	5	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10a. Date deceased last worked at this occupation (month, day, year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Fredrick Zastrow

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Charlotta Emrich

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Naomi C. Osenburg
(Address) 2826 Hemlock Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date 12 - 26 1938

19. UNDERTAKER STEWART & WOODEN COMPANY
(Address) (W. F. WOODEN SUC.) 102 W. NORTH AVENUE

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24th 38

22. I HEREBY CERTIFY, That I attended deceased from August 37 to Dec 24th 38

I last saw her alive on Dec 22, 38 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset Aug 1937

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed Clinical History? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Renard, M. D.

(Address) 3201 St Paul St

53325

HEALTH DEPARTMENT—CITY OF BALTIMORE

53325

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH 2239 Eutaw Place 94-a

CITY OF BALTIMORE: (No.) St. 13-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred N yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert F Kenney

If U. S. Veteran specify WAR

(a) Residence: No. 1210 W. 40th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie V Kenney

6. DATE OF BIRTH (month, day, year) Nov 18 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	01	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car Co

10. Date deceased last worked at this occupation (month and year) 12/27/28

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balt Co Md

FATHER

13. NAME John H Kenney

14. BIRTHPLACE (city or town) (State or country) Balt Co

MOTHER

15. MAIDEN NAME Bassom

16. BIRTHPLACE (city or town) (State or country) Balt Co

17. INFORMANT Mrs. Bessie V. Kenney

(Address) 1210 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 12/27 1938

19. UNDERTAKER L. Vernon Lemmon

(Address) 2238 Park Heights Ave

Huntington Hillwood, N.Y.

DEC 26 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Angina Pectoralis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.

Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

53326

CERTIFICATE OF DEATH

47-BF 53326

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 115 S. MONASTERY AVE. St., 20 Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME HARRY A. MAHLSTEDT

(a) Residence: No. 115 S. MONASTERY AVE. St., 20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6. If married, widowed, or divorced HUSBAND of (or) WIFE of MARGARET MAHLSTEDT

DATE OF BIRTH (month, day, year) OCT. 31, 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Mahlstedt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Sharf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Mahlstedt

(Address) 115 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 27-38

19. UNDERTAKER [illegible]

(Address) 1300 EUTAW PLACE

20. FILED DEC 26 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 24-38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1938 to Dec 24, 1938

I last saw him alive on Dec. 23, 1938. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right lung — Date of onset June 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 1938

For what disease or injury? Carcinoma of lung

Name of operation Exploratory

What test confirmed diagnosis? Signs & Sx Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William V. Tipton M. D.

(Address) 1326 N. Fulton St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53327 53327

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3340 Virginia Ave. St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Israel Koshland

If U. S. Veteran specify WAR

(a) Residence: No. 3340 Virginia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna A. Koshland

DATE OF BIRTH (month, day, year) July 19, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shirt Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Abraham Koshland.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss. Ida Moser,
(Address) 3340 Virginia Ave.

18. BURIAL [illegible]
Place Chev Cholam. Date Dec. 27, 1938

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED Arthur Williams, Registrar.

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938, to Dec 24, 1938

I last saw he alive on Dec 24, 1938. Death is said to have occurred on the date stated above, at 730 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/24/38
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm D. Bubert M. D.
(Address) 4803 Park Heights Ave.

53328 HEALTH DEPARTMENT—CITY OF BALTIMORE 53328

CERTIFICATE OF DEATH

Registered No. 53328

1. PLACE OF DEATH Madison Av. + Cloverdale Road 17-a
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Temple Garden Apts.) 13 Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Brafman

(a) Residence: No. Temple Garden Apts., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Brafman

DATE OF BIRTH (month, day, year) March 15, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 10-5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10-5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Wolf Brafman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. W. Mollerius, (Address) Temple Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL Date Dec. 27, 1937

Place Beth Abraham Cem.

19. UNDERTAKER Hurd Sonnborn & Son (Address) 1216 E. Monument St. Huntington Mutuals, Inc.

Registrar.

20. FILED DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938 to Dec 25, 1938

I last saw her alive on Dec 25, 1938. Death is said to have occurred on the date stated above, 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 or more yrs
Other contributory causes of importance: Bronchopneumonia (terminal)	5 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Lantz M. D.

(Address) Temple Garden Apts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53329

CERTIFICATE OF DEATH

159 F 53329

Registered No. .....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1233 Glyndon St., 21-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Wyckoff — If U.S. Veteran specify WAR .....

(a) Residence: No. 1233 Glyndon ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 25-1938

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant food

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME John Jan Wyckoff

14. BIRTHPLACE (city or town) Balto Md
(State or country)

15. MAIDEN NAME Elanor A. Snider

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT John Jan Wyckoff
(Address) 1233 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Date Dec 26 1938

19. UNDERTAKER William M Marcus
(Address) 710 Light St Washington Wilkinson, Mgr

20. FILED ..... 19 ..... Registrar

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/38 19

22. I HEREBY CERTIFY, That I attended deceased from December 23 1938 to December 25 1938

I last saw h alive on Dec 25 19 38 Death is said to have occurred on the date stated above, at 5.45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J J Wheeler M. D.

(Address) 217 Williams St

HEALTH DEPARTMENT—CITY OF BALTIMORE

53330

CERTIFICATE OF DEATH

131 F 53330

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Joseph's Hospital 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Gertrude Hunter

(a) Residence: No. 2704 Westwood Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm H. Hunter

DATE OF BIRTH (month, day, year) Oct. 10-1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME of Father John Goodhues

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME of Mother Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Elsy Hunter

(Address) 2704 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Patterson Park Date Dec. 27- 1938

19. UNDERTAKER John A. Hogan

(Address) 300 E. Baltimore St.

20. FILED DEC 26 1938 Registrar Washington Wilkerson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938 to Dec 24, 1938

I last saw her alive on Dec 24, 1938 Death is said to have occurred on the date stated above, at 3:28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Deg. Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Chronic Nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyst M. D.

(Address) St. Joseph's Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53331

CERTIFICATE OF DEATH

941 B 53331

1. PLACE OF DEATH 441 Evesham Ave. 27-12

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elvy Elverton Bennington

(a) Residence: No. 5932 York Road St., ... Ward.

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Bennington

6. DATE OF BIRTH (month, day, year) December 7 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Bennington

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Bublitz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Emily Ford (Address) 5922 York Rd

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date 12/27/38 19

19. UNDERTAKER Harry F Buttle (Address) 1401 Harford Ave Baltimore, Md

FILED DEC 26 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1938 to December 25, 1938

I last saw him alive on December 25, 1938. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eldred Roberts, M. D.

(Address) 601 York Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53332

CERTIFICATE OF DEATH

124 B F 53332

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1527 W. Lombard St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna T. Leare

(a) Residence: No. 1527 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND (or) WIFE of Late Clemens H. Leare

7. DATE OF BIRTH (month, day, year) March 5, 1861.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	19	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walto.
(State or country) Va.

13. NAME Michael Blumbury

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Hilda Leyers
(Address) 1900 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Dec. 29/38

19. UNDERTAKER Starr & Mintzer
(Address) 101 Dromiston Ave.

20. FILED Huntington Williams, Nov
Registrar.

DEC 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/20/38 to 12/24/38, 1938

I last saw her alive on 12/24/38, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbosis of Liver	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel J. Shanahan M. D.

(Address) 1942 N. Calvert St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53333 53333

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2449 McCulloh St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. / mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Watson

If U. S. Veteran specify WAR

(a) Residence: No. 2449 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Watson

DATE OF BIRTH (month, day, year): Nov. 14, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kenridge Va.

13. NAME: Archer Woodson

14. BIRTHPLACE (city or town) (State or country): Kenridge Va.

15. MAIDEN NAME: Lelia Hatcher

16. BIRTHPLACE (city or town) (State or country): Kenridge Va.

17. INFORMANT: Ethel Woodson

(Address) 2449 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington Mem'l Pk. Date: Dec. 26 1938

19. UNDERTAKER: Geo. Fred. N. Holland

(Address) 1631 Druid Hill Ave.

20. FILED: Huntington Williams, Registrar

26 Dec

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-23-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1938, to 12/23, 1938

I last saw him alive on 12/22, 1938. Death is said to have occurred on the date stated above, at 3:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendecitis & gangrene & rupture	12/18
Other contributory causes of importance: General peritonitis	

Was an operation performed? Yes Date of 12/20/38

For what disease or injury?

Name of operation: appendectomy & drainage

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Watson M. D.

(Address) 6708 Washington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53334

CERTIFICATE OF DEATH

9

F 53334

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Ham Hosp St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna marie mulligan

If U. S. Veteran specify WAR

(a) Residence: No. 320 S Furrow St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) October 23-1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	2	3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Mulligan

14. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

15. MAIDEN NAME Minerva Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mother

(Address) 320 S. Furrow St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 27, 38

19. UNDERTAKER George L. Lohmeyer

(Address) 2101 Frederick Ave.

20. FILED 28 1938 H. Leighton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 22. 1938 to December 26. 1938

I last saw h 21 alive on December 26. 1938. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	12/6/38
Interstitial pneumonia	12/24/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry S. Limbel, M. D.

(Address) Lyden Ham Hosp

53335

HEALTH DEPARTMENT—CITY OF BALTIMORE

53335 F

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 7-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willis Clay

(a) Residence: No. 670 N. Carrollline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Clay

6. DATE OF BIRTH (month, day, year) Aug. 27, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Steel Co.
10. Date decreased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER
13. NAME Thomas Clay
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Catherine Conway
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frances Clay
(Address) 670 N. Carrollline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Blackstone Va Date Dec 26 38

19. UNDERTAKER Robert H. Young
(Address) 804 W. Carroll St.

DEC 26 1938 Huntington Williams, Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4 hours

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? Yes. Date of about 12-19-38

For what disease or injury? Hernia

Name of operation Excision of hernia Date of 12-23-38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-3-38

Where did injury occur? Bethlehem Steel Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public resort

Manner of injury Struck by moving train

Nature of injury Crush injuries, fractured skull, abrasions

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Kenney, M. D.
Coroner

(Address) 2 W. Pleasant

FRISKey

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53336

CERTIFICATE OF DEATH

82-F 53336

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 5307 Belair Road 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME John Friskey

If U. S. Veteran specify WAR

(a) Residence: No. 5307 Belair Road, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Unknown

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machinist

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Casper Friskey

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Henry Friskey

(Address) 5307 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2-26-38.

19. UNDERTAKER: Leonard J. Post

(Address) 5305 Halfords Rd

20. FILED ..... 19.... .....

, 20 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-38

22. I HEREBY CERTIFY, That I attended deceased from June 4 1934 to Dec 27 1938

I last saw h... alive on Dec 27 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937
Cerebral hemorrhage.	10:45 a.m. 38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Brownfield M. D.

(Address) 5302 Belair Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53337 (94-B)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Jane Creagh

(a) Residence: No. 1706 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/30-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

13. NAME Michael Creagh

14. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

15. MAIDEN NAME Hannah Barry

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Annie Leary
(Address) 1706 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/27/38

19. UNDERTAKER H C Brauning Son
(Address) 2924 Edmondson Ave

20. FILED DEC 27 1938 Huntington Millington, Md.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1938 to Dec 24, 1938

I last saw her alive on Dec 24, 1938 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Psychosis	3 yrs
General Arteriosclerosis	2
Other contributory causes of importance: Coronary occlusion	Sudden

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation Finding

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel P. Alger M. D.

(Address) 3326 Gudelsville

38

F 53338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Balto. City Hospitals Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augusta Von Ezdran

(a) Residence: No. 506 N. Bannoodist St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Theodore Von Ezdran

6. DATE OF BIRTH (month, day, year) Nov. 6-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME August ? (?)

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Elizabeth Kuhlberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gruff Friend

(Address) 530 S. Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12-27-38

19. UNDERTAKER Robert Brooks Olson

(Address) Calhoun & Hollins Sts

20. FILED DEC 27 1938 Huntington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Hours
Arterio Sclerosis	2 Years
Chronic Bronchitis	Many Years
Other contributory causes of importance: Arteriosclerosis Obesity	Few Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Wood M. D.

Coroner

(Address) 1702 N. Broadway

46

M. D. B. 1268-0

53339 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 53339

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Edmondson Ave St. 13-6 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LEAH AMELIA TROUT

(a) Residence: No. Shrewsbury, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno Trout

6. DATE OF BIRTH (month, day, year) May 3. 1862.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jacob Stevens

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Susan Hambaugh

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Stephen S Trogler
(Address) 3500 Edmondson Ave, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Shrewsbury Pa Date 12/27 1938

19. UNDERTAKER Geo. Keefer & Son, Red Lion, Pa.
(Address) Huntingdon Williams, Pa.

DEC 27 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1938 to Dec 27th 1938

I last saw her alive on Dec 27th 1938 Death is said to have occurred on the date stated above at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung condition (acute Cardiac Dilation)	Dec. 20th

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Leiah M. D.

(Address) 3614 Foster Ave. Baltimore

Mary Alice James

3340

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53340

CERTIFICATE OF DEATH

19

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 16-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 3 da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME mary alice James

If U. S. Veteran specify WAR

(a) Residence: No. 1135 N. Parrish St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 20-1938

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Frank H. James

14. BIRTHPLACE (city or town) (State or country) Hanover County Va

15. MAIDEN NAME Ruth Ruth

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father

(Address) 1135 N. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date Dec. 27 19 38

19. UNDERTAKER T. E. Nelson

(Address) 703 Preston St

20. FILED DEC 27 1938 Huntington Williams Registrar

E K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 23. 1938 to December 24 1938

I last saw h[illegible] alive on December 24. 1938 Death is said to have occurred on the date stated above, at 3 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pertussis	11/14/38
Interstetial pneumonia	12/20/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ryan G Fuller M. D.

(Address) Sydenham

53341

HEALTH DEPARTMENT—CITY OF BALTIMORE

53341

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 13-2 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip R. West

If U. S. Veteran specify WAR No

(a) Residence: No. 2001 Park Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 27 1855

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William West

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Ruth Roman

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Patient
(Address) 2001 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rising Sun - Friends Cem Date Dec 28 1938

19. UNDERTAKER Chas. E. Franck
(Address) 802 Madison Ave

20. FILED Dec 27 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1938, to Dec. 27, 1938

I last saw him alive on Dec. 27, 1938. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Arteriosclerotic C-V disease	
Myocardial degeneration	
Other contributory causes of importance:	
Terminal bronchopneumonia	3 days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Lab Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Johnson Quattlebaum M. D.

(Address) Church Home & Infirmary

342 Bowman E-53342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Mura St. St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar F. Bowman

If U. S. Veteran specify WAR

(a) Residence: No. 2219 Mura St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of Maude Bowman

6. DATE OF BIRTH (month, day, year) March 28, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Philip E. Bowman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie Watson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. James F. Grimes

(Address) 2754 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 28/38

19. UNDERTAKER Philip Henry Sons

(Address) 2040 Pulaski Hy

20. FILED 19 Registrar

Hunting Park Avenue, Md.

27 L38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemahage	
Other contributory causes of importance:	
—	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schenken M. D.

Coroner

(Address)

53343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53343

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. En route University Hospital St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward C. Simms Jr

If U. S. Veteran specify WAR

(a) Residence: No. 73 Dolphin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

3a. If married, widowed, or divorced HUSBAND of Mary Simms

6. DATE OF BIRTH (month, day, year) Nov 30-1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Comm. Night Club

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward C. Simms Sr

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Rena Williams

16. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

17. INFORMANT Mrs Rena Simms

(Address) 731 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Pet. Auburn Date Dec. 27 1934

19. UNDERTAKER Jesse M. Riddick

(Address) 2304 W. Baltimore St.

20. FILED ... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage, Shock	½ hr
Other contributory causes of importance: Multiple gunshot wounds of lungs, Heart & thigh (R)	½ hr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Hearing + autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 12/23 1934

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place - Entrance of Sanctuary Night Club

Manner of injury Perforation of heart & lungs.

Nature of injury Pistol (gunshot) wounds

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Michael A. Shamo, M. D.

Coroner

(Address) 2306 Entaw Place

86

HEALTH DEPARTMENT—CITY OF BALTIMORE

341 — 53341

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 CLARKSON St. 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 29 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gertrude M. Shaffer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1606 CLARKSON St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 25 1872

7. AGE: Years 66 | Months 0 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto - Md.

13. NAME: August Shaffer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Vonhollan

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Lindsay Shaffer Brother

(Address) 1606 CLARKSON ST

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross Cem Date 12-28-1938

19. UNDERTAKER: Bernard E. Wheeler

(Address) 1214 E. Lafayette Ave Baltimore, Md.

20. FILED ... 19... [illegible] Registrar

DEC 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1938 to Dec 24 1938

I last saw h[illegible] alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 930 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Colon	
Other contributory causes of importance: Hemorrhage - from malignant growth	Dec 22 1938

Was an operation performed? Yes Date of

For what disease or injury? Colostomy for Obstruction

Name of operation Colostomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Nyeller M. D.

(Address) 1228 N. Charles St

53345

HEALTH DEPARTMENT—CITY OF BALTIMORE

53345

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Ferndale Ave St., 28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George N. Meagher

(a) Residence: No. 3605 Ferndale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances L. Meagher

6. DATE OF BIRTH (month, day, year) Dec 7 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Grocery

10. Date deceased last worked at this occupation (month and year) 12 23 38

11. Total time (years) spent in this occupation 2 yrs 2 mos

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Meagher

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mary P. Meagher 3605 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL LOUDON PARK Date 12-27 1938

19. UNDERTAKER (Address) BERNARD D.C. HARLE. 121 E WEST ST

20. FILED DEC 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) ... M. D. Coroner

(Address) 210 N. Paca St.

53346

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53346

CERTIFICATE OF DEATH

V94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3509 Edgewood Road 15-11 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Kremer

If U. S. Veteran specify WAR

(a) Residence: No. 3509 Edgewood Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Nellie B. Kremer

7. DATE OF BIRTH (month, day, year): May 7 1879

8. AGE: Years: 59 | Months: 9 | Days: 17 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Passenger Agent

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. M. R. R.

11. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Geo. A. Kremer

14. BIRTHPLACE (city or town) (State or country): Balto

15. MAIDEN NAME: Mary E. Kremer

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Mrs. Mary E. Kremer

(Address) 1029 Cathedral.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 12/28/38

19. UNDERTAKER: Chas. G. Krause Son & Lee

(Address) 118 W. Mt. Royal Ave

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Dec. 24, 1938

I last saw her alive on 12-24-1938 Death is said to have occurred on the date stated above, at 6-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Syrs?
Other contributory causes of importance: Gen Debility	now

Was an operation performed? no Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Emerick Lorell, M. D.

(Address) 3705 Liberty Hgts Ave Balt. Md.

3347 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 53347

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No. VA 3874

CITY OF BALTIMORE: (No. ..... St. 13-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME GRISWOULD, George

If U. S. Veteran specify WAR [illegible] Span. Amer. War

(a) Residence: No. 1425 Morling Ave., Baltimore St., ... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Holland Griswould

6. DATE OF BIRTH (month, day, year) January 10, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship cook 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maritime 07

10. Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Washington, D. C. (State or country)

13. NAME Charles G. Griswould

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Mary Ellis

16. BIRTHPLACE (city or town) Washington, D. C. (State or country)

17. INFORMANT Records - U. S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Mem. Park Date Dec. 28 1938

19. UNDERTAKER Chesapeake & Sons

(Address) 615 E. Lexington St.

DEC 27 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1938 to December 24, 1938

I last saw him alive on December 24, 1938. Death is said to have occurred on the date stated above, at 7:25p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, myocarditis, chronic.	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) T. B. W. Anderson, M. D.

(Address) [illegible] Medical Officer in Charge

EGL

53348 John S Constable F 53348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 12-et Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 1. W. 2

2. FULL NAME John S. Constable

(a) Residence: No. 206 E. 20th St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Mrs Estrella Constable

7. DATE OF BIRTH (month, day, year) July 23, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

13. NAME Stephen Constable

14. BIRTHPLACE (city or town) (State or country) Kent Co., md.

15. MAIDEN NAME Alice Riley

16. BIRTHPLACE (city or town) (State or country) Kent Co., md

17. INFORMANT Patient.

(Address) Church Home & Inf.

18. BURIAL, CREMATION, OR REMOVAL

Place Centerlouin Md Date 29 1938

19. UNDERTAKER John Mitchell Sons

(Address) 1900 Eutaw Place

DEC 27 1938 Huntington Williams, Nyc

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938, to Dec. 26, 1938

I last saw him alive on Dec., 1938 Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Thyroparathyroprivic asthenia~~	~~Jaunpo.~~
Myocardial failure	2 days
Hypertrophic arteriosclerosis	2 yrs ?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Schuman Gaylord, M. D.

(Address) Church Home & Infirmary

53349 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53349

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenway Aparts. St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph C. Low

(a) Residence: No. Greenway Aparts, Charles & 33 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Baker

7. DATE OF BIRTH (month, day, year) July 7, 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Adolph Low

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Coffman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Kathrina Baker Low

(Address) Greenway Aparts.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. 12/27/38

19. UNDERTAKER John Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED 12/27/38 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1938, to Dec 23, 1938

I last saw h... alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1930
Carcinomatosis of liver, lungs	?

Other contributory causes of importance

Influenza	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. W. Bishop, M. D.

(Address) York Road & Sheridan Ave.

27 1938

53350 F 53350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Josephine E. Mitchell

(a) Residence: No. 221 W. Royal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Mitchell

7. DATE OF BIRTH (month, day, year) May 24 1857

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Wm. H. Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph S. Mitchell Son

(Address) 408 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 28 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 19-23 Eutaw Place

20. FILED Dec 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1935, to December 27, 1935

I last saw her alive on December 27, 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	

Other contributory causes of importance:

Arteriosclerosis

Brain Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turnage M. D.

(Address) St. Josephs Hosp.

1936

53351 E 53351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 E Lafayette ave St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Virginia Cole

(a) Residence: No. 1723 E. Lafayette ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

13. NAME Jacob Cole

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Mrs Carrie Cole
(Address) 1723 E. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Dec 21 1938

19. UNDERTAKER Henry Lutz
(Address) 1203 N. Broadway

20. FILED DEC 27 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/38. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1938. to 12/20/38. 19

I last saw her alive on 12/20/38. 19 Death is said to have occurred on the date stated above, at 9 15 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility (senile)	
Other contributory causes of importance:	
Coma	48 hrs

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. S. Gagl M. D.

(Address) 704 N Broadway

53352

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53352

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth 28 yrs. mos. da.

2. FULL NAME Jacob Hoffman

(a) Residence: No. 2243 W. 30th St., Philadelphia Rd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 96

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Hoffman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Philadelphia Pa Date 12/27/38

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E. Balto St.

20. FILED 19 Registrar

12 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/38, 19

22. I HEREBY CERTIFY, That I last [illegible] of the female described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis.	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Ackerman M. D.

Coroner

(Address) Coroner

353 55558

HEALTH DEPARTMENT—CITY OF BALTIMORE 53353

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St., 7-4 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Jenkins — If U. S. Veteran specify WAR

(a) Residence: No. 1629 Barnes St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin

6. DATE OF BIRTH (month, day, year): 10-25-10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Car

FATHER

13. NAME: Henry Warren

14. BIRTHPLACE (city or town) (State or country): N Car

MOTHER

15. MAIDEN NAME: Mary Alston

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date 12-27 1938

19. UNDERTAKER: Mrs P. A. Elliott-Daughter
(Address) 1129 N. Carolina St

20. FILED ... 19... Registrar.

12-27-1938 Burlington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-7-38, 19... to Dec 24, 1938

I last saw her alive on Dec 24, 1938 Death is said to have occurred on the date stated above, at 145 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1926
Chronic & decompensated	
Mitral Stenosis & Insufficiency	
Aortic	
Pneumonia Terminal	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) E. Jeanne Daly, M. D.

(Address) Johns Hopkins Hospital

F 53354

53354 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 349-35-C 45104 JS

Registered No. 16-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Safronia Butler

(a) Residence: No. 1410 Myrtle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-15-1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Clare Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Dec 27 38

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey st

20. FILED ... 19 ... Registrar.

DEC 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-19- 1938 to 12-23- 1938

I last saw h[illegible] alive on 12-23- 1938 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows: YENERENUM

	Date of onset
Lymphopathia venereum	1937
Liver abscess	12-1-38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Waghelstein M. D.
(Address) Balto City Hosp.

53355 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53355

CERTIFICATE OF DEATH ✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1247 Orleans St. 5-1 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lottie Bryan

(a) Residence: No. 1247 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Bryan

6. DATE OF BIRTH (month, day, year) 12-24-1885

7. AGE Years 53 | Months 11 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Isaiah Roane

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Emily Fannole

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Richard Bryan
(Address) 1247 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 12-27 19 38

19. UNDERTAKER William A Jackson
(Address) 916 Penna Ave.

20. FILED DEC 27 1938 19 Thos. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from DEC. 20 1938 to DEC 23 1938

I last saw him alive on DEC 23 1938 death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	DEC. 20
Other contributory causes of importance: Auricular fibrillation of Heart	DEC 23

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Lynn M. D.

(Address) 1720 E. Lafayette

Dr Lloyd Johnson 616 Frederick Ave Catonsville MD

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53356

356

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 Yale Ave St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles P. Bowen

(a) Residence: No. 425 Yale Ave St., Ward. Irvington

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Ada Bowen

7. DATE OF BIRTH (month, day, year) June 22nd 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardner

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

13. NAME Fernandena Bowen

14. BIRTHPLACE (city or town) Balto Co (State or country) Md

15. MAIDEN NAME Rachel Gravell

16. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

17. INFORMANT Ada Bowen

(Address) 425 Yale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Salem Lutheran Catonsville Md Date Dec 29th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

DEC 27 1938

20. FILED , 19 Registrar.

Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April-15, 1938. to Dec-27, 1938.

I last saw him alive on Dec-23, 1938. Death is said to have occurred on the date stated above, at 1¼ a. m.

The principal cause of death and related causes of importance were as follows: Myocarditis, Chronic

Date of onset Jan.

Other contributory causes of importance: Senility

Was an operation performed? NO Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Lloyd Johnson, M. D.

(Address) Catonsville, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53357

3357

CERTIFICATE OF DEATH 39392 (MB)

187-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Goldsborough

(a) Residence: No. 2707 Chesterfield Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R Goldsborough

6. DATE OF BIRTH (month, day, year) 9-27-1852

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
86	86	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William L Goldsborough

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary ? S. Fallowfield

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date Dec 28 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

DEC 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1938, to 12-25, 1938

I last saw him alive on 12-25, 1938 Death is said to have occurred on the date stated above, at 11:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 Days
Other contributory causes of importance: Benign Prostatic Hypertrophy	?

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Bourne, M. D.

(Address) Balto. City Hosp.

3358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53358

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1702 Abbottston St. 9-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran, specify WAR.

2. FULL NAME Christian Joseph Kees
(a) Residence: No. 1702 Abbottston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, HUSBAND of Betty

6. DATE OF BIRTH (month, day, year) sept 17-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Strauss Bros
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER
13. NAME Frederick Kees
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Eva Schmidt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Betty Kees 1702 Abbottston St

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 12/27 1938

19. UNDERTAKER (Address) William Cook 1217 E Fayette St

20. FILED 12/27 1938 Registrar

G.H.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1938

22. I HEREBY CERTIFY, That I last saw ... (Hospital, Attendant or Inquiry) ... alive, and that ... (Hospital, Attendant or Inquiry) ... last saw ... alive on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner
(Address) Cor...

53359 ✓ E 53359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

Registered No. 1871

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna L. Imhoff

(a) Residence: No. 1311 Rose St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Charles Imhoff

6. DATE OF BIRTH (month, day, year) Jan. 6 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Adam Elser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Krough

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul Imhoff

(Address) 1311 Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 29 1938

19. UNDERTAKER Geo. M. Frisch Son

(Address) 511 N. Carey St.

Dec 27 1938 Huntington Pallbearers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) adopted by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 years
Pulmonary Edema	
	5 yrs
Other contributory causes of importance: Arterio-sclerosis general	5 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

53360 HEALTH DEPARTMENT—CITY OF BALTIMORE E 53360

CERTIFICATE OF DEATH 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C. Keys

If U. S. Veteran specify WAR

(a) Residence: No. 3512 Hudson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie A. Keys

6. DATE OF BIRTH (month, day, year) Aug. 15, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coverer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Columbus Keys

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Hutter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie A. Keys

(Address) 3512 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Dec 29 1938

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED 19

Registrar.

Deputy for Williams, Mgr.

DEC 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The (principal) cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? In Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, 1938 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury in 4700 Bl. Philadelphia Rd. struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. R. Claudon M. D.

Coroner

(Address) 2751 W Nor.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 53361

F 53361

1. PLACE OF DEATH

Registered No. 16-413

CITY OF BALTIMORE: (No. 1015 N. Monroe St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Hallock

If U. S. Veteran specify WAR

(a) Residence: No. 1015 N. Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 15, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	81	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Benner Poe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Butler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Hallock (Address) 1015 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Dec 28, 38

19. UNDERTAKER Rita Wendefeld (Address) 914 Greenmount Ave

20. DEC 27 1938 Huntington Williams, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1938, to Dec 26, 1938

I last saw h[illegible] alive on Dec 26, 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis.	
Other contributory causes of importance: Chr. Myocarditis Arteriosclerosis	

Was an operation performed? Now Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. E. Shannon M. D.

(Address) 700 N. Fulton Ave

53362 ✓ F 53362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86 cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 209 N. Wolfe St. 2-1 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Doris Reely

(a) Residence: No. 209 N. Wolfe St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 12-938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Emanuel Reely

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Grace Lewis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT. Mrs. Grace Reely Mother

(Address) 209 N. Wolfe St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mathias Date Dec 27 38.

19. UNDERTAKER Dendel & Degel

(Address) 1400 Eutaw Pl.

DEC 27 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	2 hours.
Other contributory causes of importance: Pneumonia, leading	2 hours

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Chas. E. Wood M. D. Coroner

(Address) 712 N. Gay St.

V. S. 6

53363

HEALTH DEPARTMENT—CITY OF BALTIMORE

53363

CERTIFICATE OF DEATH

92-W CC

Registered No. 1872

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 2510 Fait Ave. St. 1-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
U. S. Veteran
specify WAR

2. FULL NAME Katherine Pluciński
(a) Residence: No. 2510 Fait Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Pluciński
6. DATE OF BIRTH (month, day, year): Dec. 1890
7. AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER
13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Albert J. Pluciński jr
(Address) 2510 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Date: Dec 29 38

19. UNDERTAKER: W. S. Fialkowski
(Address) 2007 Eastern Ave

27 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 25, 19 38

22. I HEREBY CERTIFY, That I have charge of the remains described above, held an inquiry (Coroner/Attorney or Inquiry) thereon and from the evidence obtained by said inquiry (Coroner/Attorney or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2d
Other contributory causes of importance: Chronic heart disease	1 yr.

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elias, W. Wood, M. D. Coroner
(Address) 1712 N. Broad St.

C 86

53364 HEALTH DEPARTMENT—CITY OF BALTIMORE F 53364

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3811 Northern Parkway Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Charles Huiss
(a) Residence: No. 3811 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Huiss

6. DATE OF BIRTH (month, day, year) Dec 4th 1868

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1937
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER
13. NAME John Huiss
14. BIRTHPLACE (city or town) Cumberland (State or country) Maryland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mrs Margaret Huiss (Address) 3811 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Dec 28 38

19. UNDERTAKER Frederick Gibson and Sons (Address) 7401 Belair Road

20. FILED Dec 29 1938 Huntington Williams, Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938 to Dec 26, 1938.
I last saw him alive on Dec 25, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach & Liver.	
Other contributory causes of importance:	
Embolism	4 yrs

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dunstan J. McNulty M. D.
(Address) 6801 Belair Rd

53365

HEALTH DEPARTMENT—CITY OF BALTIMORE

53365

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Mowell PK St., 37 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen Burney Powell

If U. S. Veteran specify WAR .....

(a) Residence: No. 401 Mowell PK St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Powell

6. DATE OF BIRTH (month, day, year) Apr 17-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Co

10. Date deceased last worked at this occupation (month and year) Nov 1925

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Thomas C. Powell

14. BIRTHPLACE (city or town) (State or country) Frederick Co Virginia

MOTHER

15. MAIDEN NAME Ann E. McElroy

16. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

17. INFORMANT Mrs Rebecca Kimball

(Address) 2116 Lorraine Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 27, 1938

19. UNDERTAKER J. Frederick Loos

(Address) 2100 Pulaski Hwy

20. FILED DEC 27 1938, 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Dec 25, 1938

I last saw h.. alive on Dec 25, 1938. Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio-sclerosis	
Arterio-sclerosis with vascular hypertension.	
Other contributory causes of importance: Nephritis Chronic	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Corbus Truett M. D.

(Address) 712 Park Ave Balto Md

53366 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53366

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2210 Ken Oak Rd 27-15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) 8 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mary Elizabeth Kuhn
If U. S. Veteran specify WAR

(a) Residence: No. 2210 Ken Oak Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David F. Kuhn

6. DATE OF BIRTH (month, day, year) Nov. 5, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottetown Prince Edw. Island

MOTHER FATHER
13. NAME William B. Dean
14. BIRTHPLACE (city or town) (State or country) Winterport Me.
15. MAIDEN NAME Mary Lord
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Bradford D. Kuhn
(Address) 2210 Ken Oak Rd.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec. 27 1938

19. UNDERTAKER (Name) Lemmon Lecturer Lord
(Address) North & Paca Sts.

20. FILED 19 Registrar.

DEC 27 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938 to Dec 25, 1938
I last saw h[illegible] alive on Dec 25, 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Cancer	
Lt. Breast	1931
Cardiac-Asthenia	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of May - 1931 Oct - 1936
For what disease or injury? Breast
Name of operation Amputation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Culver M. D.
(Address) 5611 Pimlico Rd

53367

HEALTH DEPARTMENT—CITY OF BALTIMORE

53367

CERTIFICATE OF DEATH

107-a

Registered No. 8-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 E 25 St. St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mabel G. Dean

(a) Residence: No. 1612 E 25 St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel R. Dean

6. DATE OF BIRTH (month, day, year) Oct 10 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Dec. 11. Total time (years) spent in this occupation 35+

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles C Quinn

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lillie Lathe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Samuel R Dean

(Address) 1612 E 25

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 27 1938

19. UNDERTAKER Wm M Pickard

(Address) 1615 E 22nd St

20. FILED Huntington Williams, M.D.

DEC 27 1938

OVER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Dec 24, 1938

I last saw her alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	2 Wks
Embolus Brain	7 days

Other contributory causes of importance:

Myocarditis Aortic Incompetence	23 d.

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) T J A Stone M. D.

(Address) 2878 Stafford Rd

"OVER"

368

F 53368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins (Hospital) (Ward) 6-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence A. Gill

(a) Residence: No. 412 N. Arlington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Va. U.S.

FATHER

13. NAME Frank Gill

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lizzie Davis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Lizzie Gill

(Address) 412 N. Arlington

18. BURIAL, CREMATION, OR REMOVAL

Place MT Calvary Cemetery Date Dec 27, 1938

19. UNDERTAKER Elroy O. Wilson

(Address) 1000 Brantley ave

20. FILED [illegible] Registrar

DEC 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23 , 19 38

22. I HEREBY CERTIFY, That I was [illegible] of the person described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12/
	[illegible]
	12

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53369

53369

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 609 Greenwillow St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Allen Winn
(a) Residence: No. 609 Greenwillow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edward Winn

6. DATE OF BIRTH (month, day, year): Born Aug 30 [illegible]

7. AGE: Years 48; Months 3; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER
13. NAME: George Sneed
14. BIRTHPLACE (city or town) (State or country): Accomac Co Va
15. MAIDEN NAME: Amanda Kellum
16. BIRTHPLACE (city or town) (State or country): Accomac Co Va

17. INFORMANT: Viola Gaines
(Address) 711 McMechen

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: Dec 27, 1938

19. UNDERTAKER: Mrs Ida R Williams
(Address) 322 N Schroeder St.
Huntington W Virginia
Registrar

DEC 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1938 to Dec 24 1938
I last saw her alive on Dec 20 1938 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-16-38

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury [illegible] any way related to occupation of deceased?

If [illegible] Signed Thos J Woodridge M. D.
(Address) 709 W Lafayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53370 #38537 46-F F 53370

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME John Friday

(a) Residence: No. 317 Lexington St. 1223 E Lexington St., Ward.

(Usual place of abode)

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk.

6. DATE OF BIRTH (month, day, year) 8/10/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. trackman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Verge Friday

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Violet Hoile

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 27 1938 19

19. UNDERTAKER Commissioner of Health

(Address) Res. H. L. Hoops

20. FILED DEC 27 1938 19 Registrar.

Huntington Williams, Pub 4290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/38 19

22. I HEREBY CERTIFY, That I attended deceased from October 31 1938 to December 21 1938

I last saw h[illegible] alive on December 21 1938 Death is said to have occurred on the date stated above, at 805 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lafetra M. D.

(Address) Baltimore City Hospitals

53371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53371

CERTIFICATE OF DEATH

167-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernadette Rogers

(a) Residence: No. 626 S Ellwood Ave St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Nov 5 - 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Bernard. Rogers

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Dolores. Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Bernard. Rogers. (Address) 6263 Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Dec 28 38

19. UNDERTAKER Lahye Zeller Jr (Address) 405 N. Fayette St

20. FILED 1 27 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 10. 1938. to December 25. 1938

I last saw her alive on December 25. 1938. Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia with abscess formation- Right lung	12/22

Other contributory causes of importance:

Malnutrition

Parenteral Diarrhoea

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gibson J. Wells M. D.

(Address) University Hospital

53372 ✓ F 53372

53372 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Ave. St. 27-3 Ward) Roland Park

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sister Margaret Mary Hickey

(a) Residence: No. 5712 Roland Ave. St. Ward. (If non-resident give city or town and State)
(Usual place of abode) Roland Park

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) May 10, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Jame Hickey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Madden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mother Mary Gertrude Peters
(Address) 5712 Roland Ave. Roland Park

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Dec. 28 1938

19. UNDERTAKER Henry W. Truxton
(Address) 805 W. Calvert St.

20. FILED Dec 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938 to Dec 26, 1938

I last saw h alive on Dec 25, 1938. Death is said to have occurred on the date stated above, at 5:25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene - Central Arteriosclerosis	

Other contributory causes of importance:

Senile

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles Dunbar, M. D.

(Address) 6 E Read St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53373 ✓ 106-2 F 53373

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. Balto. Md St., 21-3 Ward) Safe

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Smuts

If U. S. Veteran specify WAR

(a) Residence: No. 1445 Ward St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) M 25 38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
— 0	1 0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Smuts

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Viola — —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT from records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

UNIVERSITY MEDICAL SCHOOL DEC 27 1938 Commissioner of Health

19. UNDERTAKER

(Address)

20. FILED DEC 27 1938 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-19-38 19 to 12-25-38 19

I last saw her alive on 12-25-38 19 Death is said to have occurred on the date stated above, at 6.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance:	
A. Bronchitis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) G. F. Maloney M. D.

(Address) Provident Hospital

4493

53374 F 53374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 506 Charing Cross Rd. 28th Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma A Atkinson.

(a) Residence: No. 506 Charing Cross Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of THURMAN ATKINSON

6. DATE OF BIRTH (month, day, year) DEC 25 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME FRANK C MELZER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARY E REIBERT

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT WILLIAM. T. MELZER
(Address) 623 WOODINGTON AVE

18. BURIAL, CREMATION, OR REMOVAL
Place CATHEDRAL Date 12-29 1938

19. UNDERTAKER BERNARD C HARLE
(Address) 121 E WEST ST

20. FILED ..... 19.... ..... Registrar.

DR KATZENBERGER.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1935 to Dec 28 1938

I last saw her alive on Dec 25 1938 Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	6/10/38

Other contributory causes of importance: Myocarditis Chronic Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James N Lazenby M.D.

(Address) 721 Mt Royal Ave

Spec.—7-17-36—A Co.—200 Blks.

53375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53375

CERTIFICATE OF DEATH

93-C

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4401 Liberty Hts St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank B Hastings

(a) RESIDENCE NO. 4401 Liberty Hts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	63		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ex Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Army St Louis Mo.

9 BIRTHPLACE (city or town)

(State or country) Mo.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Mo.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga.

14 Informant U.S. Soldiers Home Hosp

(Address) Washington D.C.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1938

12-27-38

17 I HEREBY CERTIFY, That I attended deceased from 12-27, 19 38 to 12-27, 19 38, that I last saw h alive on 12-27, 19 38, and that death occurred, on the date stated above, at 11 25 A.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Myocardial failure

(duration) 1 yrs. mos. d

CONTRIBUTORY (Secondary) Myocardial Disease 4-5 yrs

(duration) yrs. mos.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thos. G. Abbott M.

12-27 19 38 (Address) 4304 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natl. Cem. Wash. D.C.

Date of Burial 12-30 19

20 UNDERTAKER C.A. Landau

ADDRESS U.S.S.H.

very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53376

CERTIFICATE OF DEATH

159 F 53376

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) W3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kibler

If U. S. Veteran specify WAR

(a) Residence: No. Centerstown, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 27 1938

7. AGE: Years | Months | Days | If LESS than 1 day, 6 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. city

FATHER

13. NAME: Jonah Kibler

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Margalice Smith

16. BIRTHPLACE (city or town) (State or country): Carroll Co.

17. INFORMANT (Address): Jonah Kibler Centerstown Md

18. BURIAL, CREMATION, OR REMOVAL. Place: Pen Park Cem Date: Dec. 28 1938

19. UNDERTAKER (Address): J. F. Klein & Sons Centerstown Md

20. FILED ... 19... Registrar.

DEC 27 1938 Huntington Hillis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from December 27 1938 to December 27 1938

I last saw him alive on December 27 1938 Death is said to have occurred on the date stated above, at 1 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Congenital Atelectasis	

Was an operation performed? ... Date of ...

For what disease or injury? No

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph P. Klenkowski M. D.

(Address) Maryland General Hospital

53377 Main ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

53377

CERTIFICATE OF DEATH

9-3 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3539 Old York St. Road Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles L. Wains

(a) Residence: No. 3539 Old York Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Gertrude R. Wains

6. DATE OF BIRTH (month, day, year): July 17 1869

7. AGE — Years: 69 | Months: 5 | Days: 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Daniel Wains

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary Kilpatrick

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Mrs Walter Wains (Address) 3539 old york Road

18. BURIAL, CREMATION, OR REMOVAL: Place: Lorraine Cem. 12/29 38

19. UNDERTAKER: Chas. E. Sauerwein (Address) 1158 W. Baltimore St

20. FILED ... 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Dec 26 1938

I last saw ... alive on Dec 26 1938. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2

Other contributory causes of importance: Diabetes

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H H Pearce M. D.

(Address) 2105 Charles st

35-6160

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53378

CERTIFICATE OF DEATH

53-CF 53378

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl L - Cuny -

If U. S. Veteran specify WAR

(a) Residence: No. 25 & N - East 26th St., ... Ward. Miami - Fla -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/20/22

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Earl L - Cuny

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Anna Chamberlain

16. BIRTHPLACE (city or town) (State or country) Miss -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Miami Florida Date Dec 29

19. UNDERTAKER Wm. Cook
(Address) 217 S. 4th Ave. Miami

20. FILED ... 19... Registrar

DEC 27 1938 Lington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1938 to Dec 27, 1938

I last saw her alive on Dec. 27, 1938 Death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, Cerebellar Glioma (malignant)	1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec. 23, 1938

For what disease or injury? Brain Tumor

Name of operation Removal tumor

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Williams Gray Workman M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

53379

CERTIFICATE OF DEATH

46-F 53379

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 713 Lemmard St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Holland

If U. S. Veteran specify WAR .....

(a) Residence: No. 713 Lemmard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Olivia S. Holland

6. DATE OF BIRTH (month, day, year) 12-7-

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME August Kahle

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Agnes Bachem Laughlin

(Address) Dayton Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 28 1938

19. UNDERTAKER Henry C. Benning & Son

(Address) 292 N Edmondson Ave

20. FILED DEC 27 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1938 to Dec 25 1938.

I last saw her alive on Dec 25, 1938. Death is said to have occurred on the date stated above, at 11 25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1938

Other contributory causes of importance

diabetes mellitus

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) George F. Krieg M. D.

(Address) 305 N. Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

3380

CERTIFICATE OF DEATH

V 13 F 53380

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Homewood Ave St., 49-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Henry P. Thenberger

(a) Residence: No. 2222 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary V. Gordon

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gentleman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry P. Thenberger

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Margaret Henry

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Henry P. Thenberger
(Address) 2222 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 31, 1938

19. UNDERTAKER Henry W. Hatfield & Son
(Address) 2 East Lexington St

20. DEC 28 1938 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1938, to December 25, 1938

I last saw her alive on December 25, 1938 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cardio-Vascular Renal Disease	Oct. 19, 1938
Other contributory causes of importance: Uremia	Dec. 24 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip D. Flynn M. D.

(Address) 423 E. Fayette Ave

3381 E 53381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 East 21st St., 9th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Brandmeier

If U. S. Veteran specify WAR .....

(a) Residence: No. 321 E. 21st St., 9th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 8, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	62	1	18	

OCCUPATION

a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

b. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leonard Brandmeier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Mantz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John Brandmeier (Address) 321 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Dec 31 1938

19. UNDERTAKER Gary & Hesselbrock (Address) 1 E. 22nd St.

20. FILED DEC 28 1938 Huntington, W. Va. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from December 17 1938 to December 26 1938

I last saw her alive on December 24 1938 Death is said to have occurred on the date stated above, at 3.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Breast 1st noticed	Mar 15/38
Other contributory causes of importance: Carcinoma of liver-etc.	

Was an operation performed? Yes Date of March 1938

For what disease or injury? Carcinoma of left

Name of operation Breast removed also glands

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Reginald S. Tonry M. D.

(Address) 414 E. North Ave.

53382

F 53382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

1. PLACE OF DEATH Home

Registered No. 1872

CITY OF BALTIMORE: (No. 303 Wise alley St., 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME James Patrick Sullivan

If U. S. veteran specify WAR No Record

(a) Residence: No. 303 Wise Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice Sullivan (d)

6. DATE OF BIRTH (month, day, year) 1881 ~~1882~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.

10. Date deceased last worked at this occupation (month and year) 2 Weeks past

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Sullivan, Sister

Address 303 Wise alley

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matheas Date Dec 28th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED DEC 28 1938 Huntington Williams, Nd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Minutes
Valvular heart disease	6 Months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 712 N. Bond St.

53383 F 53383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Gotham Rd. St.; 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H Tayor

If U. S. Veteran specify WAR ...

(a) Residence: No. 4008 Gotham Rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma Tayor.

6. DATE OF BIRTH (month, day, year) Nov 27-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor Asst.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Bath Me

FATHER

13. NAME George H Tayor.

14. BIRTHPLACE (city or town) (State or country) Bath Me

MOTHER

15. MAIDEN NAME Emma A Taylor

16. BIRTHPLACE (city or town) (State or country) Bath Me

17. INFORMANT Mrs Agnes A Tayor (Address) 4008 Gotham Rd

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Woodlawn Date Nov 30 1938

19. UNDERTAKER J Pleasants Hoe (Address) 1201 E Chase St

20. FILED DEC 28 1938 19 ... (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1st 1938. to Dec 27 1938

I last saw him alive on Dec 26 1938. Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gastric end of stomach.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? X ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jno. G. Lemmon M. D.

(Address) 6501 Garrison Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5355396 5338 1 F 53381

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1 2 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr William John Gascoyne

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2741 N. Charles St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucilla

6. DATE OF BIRTH (month, day, year): 10-12-56

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Analytical Chemistry

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

13. NAME: Wm R Gascoyne

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Wilson

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 29th 1938

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

20. FILED DEC 28 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec - 9, 1938 to Dec 27, 1938

I last saw him alive on Dec 27, 1938 Death is said to have occurred on the date stated above, at 12.25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio + lobar pneumonia	12/26/38
Uremia marked.	
Pulmonary edema + cardiac failure.	12/25/38

Other contributory causes of importance:

Enterocolitis, Pyelitis + hypertension

Was an operation performed? Yes Date of 12/17/38

For what disease or injury? Bladder calculi

Name of operation Cystolithotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin S. Guthrie M. D.

(Address) John Hopkins Hosp.

8 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53385

3385

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. Kenwood Ave. Ward) 6-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Thomas Mercer

If U. S. Veteran specify WAR

(a) Residence: No. 219 N. Kenwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of George M. Mercer

6. DATE OF BIRTH (month, day, year) May 28th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Capt John Thomas Frank

14. BIRTHPLACE (city or town) (State or country) Westmoreland Va.

MOTHER

15. MAIDEN NAME Lucy E. Adams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT George M. Mercer

(Address) 219 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 28th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

20. FILED 19 Registrar.

DEC 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20 1937 to December 25 1938

I last saw her alive on December 25 1938. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Diabetes Mellitus	Unknown
Other contributory causes of importance:	
Cerebral Thrombosis	11/15/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Physician M. D.

(Address) 2942 Saint Paul Street

LHG

3386

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53386

CERTIFICATE OF DEATH

✓ 47a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 E. North Ave. 9-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas P. O'Donnell

If U. S. Veteran specify WAR .....

(a) Residence: No. 906 E. North Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Edna F. O'Donnell

6. DATE OF BIRTH (month, day, year) Dec 5th 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Delicatessen Business

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James P. O'Donnell

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agnes P. Klagmeier

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Agnes R. Reglar

(Address) Severna Park

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 29th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 28 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from December 24 19... to December 26 1938

I last saw him alive on December 21 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Pulmonary tuberculosis	Dec. 1937
Other contributory causes of importance:	
Pulmonary Hemorrhage	Dec 26 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip O. Flynn M. D.

(Address) 423 E. North Ave

Copy

53387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34666-PS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

life

2. FULL NAME Helen Corbett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1508 E. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 8-16-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	54	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bigfield Md.

FATHER

13. NAME Travis Moore

14. BIRTHPLACE (city or town) (State or country) Christfield, Md.

MOTHER

15. MAIDEN NAME Elizabeth Sterling

16. BIRTHPLACE (city or town) (State or country) Christfield, Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Md Date Dec 28 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-27 1938 to 12-27 1938

I last saw her alive on 12-27 1938 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	?
Carcinomatosis	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. L. Bourne M. D.

(Address) Balto. City Hosp

53388

HEALTH DEPARTMENT—CITY OF BALTIMORE

53388

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hospital

Registered No. 95

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 23 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Rose Oberdelhoff

(a) Residence: No. 2002 Mc Elderry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Edw. Oberdelhoff

6. DATE OF BIRTH (month, day, year) July 24 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John Schuppe

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Eva Hess

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Geo Patience

(Address): 311 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL.

Place: Int Mental Ex Cem Date: Dec 29 19 38

19. UNDERTAKER: John Klugh

(Address): 1822 E Baltimore St

20. FILED: [illegible] Registrar.

DEC 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to Dec 26 19 38

I last saw her alive on Dec 26 19 38 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Sclerotic heart disease	
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert C. Crawford M. D.

(Address) Union Memorial Hospital

53389

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53389

CERTIFICATE OF DEATH

√ 93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 548 Madison St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran specify WAR

(a) Residence: No. 548 Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 8 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 30 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Murray Va. Ky.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Miss Mabel Penn

(Address) 548 Madison

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Auburn Date 12-27 1938

19. UNDERTAKER Frank H. Schaefer Sons

(Address) 847 N. Eutaw St.

20. FILED 19 Registrar.

DEC 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1938, to 12/25, 1938

I last saw him alive on 12/24, 1938. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Exhaustion	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Rohrbaugh M. D.

(Address) 822 N. Fremont Ave

3390

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53390

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022- W 42nd St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hazel Roselle Jiggetts

If U. S. Veteran specify WAR

(a) Residence: No. 1022- W 42nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 22 1919

7. AGE: Years 19 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Dec 1937

11. Total time (years) spent in this occupation: 3 mos

12. BIRTHPLACE (city or town) (State or country): Baltimore City

FATHER

13. NAME: Ruben Jiggetts

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Evelyn Leona Taylor

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Evelyn Leona Jiggetts
(Address) (1022- 42nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Dec 29. 1938

19. UNDERTAKER: Thos. F. Chase Son
(Address) 638 N. Gilmor St.

20. FILED DEC 28 1938, Huntington Hollins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1938, to Dec 26, 1938.

I last saw her alive on Dec 25, 1938. Death is said to have occurred on the date stated above, at 10.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12/1937
Other contributory causes of importance:	

Was an operation performed? Yes. Date of Jan 1938

For what disease or injury? Appendicitis

Name of operation Appendectomy

What confirmed diagnosis? Surgical & TBC Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Preston

53391

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53391

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Offer

(a) Residence: No. 1135 Harlem Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Solomon

6. DATE OF BIRTH (month, day, year) Jan. ? 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	6	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Walter Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Delia Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records (Address) .....

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cemetery Date 12/29 1938

19. UNDERTAKER Thos. E. Kelson (Address) 1303 Preston St

20. FILED DEC 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-16- 1938 to 12-26- 1938

I last saw h[illegible] alive on 12-26- 1938 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	1937
Cerebral Hemorrhage	12-16
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto City Hosp

F 53392

53392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Mosher St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Willis

(a) Residence: No. 925 Mosher St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

FATHER

13. NAME Unknown Willis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Md.

17. INFORMANT Lee Washington

(Address) 925 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Douglas Mem Cem Dec 28 1938

19. UNDERTAKER Josephus Halstead

(Address) 918 Druid Hill Ave.

FILED DEC 28 1938 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Klein M. D.

Coroner

(Address) 1215 Hanover

53393

HEALTH DEPARTMENT—CITY OF BALTIMORE

53393

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Mowris St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Bonds

If U. S. Veteran specify WAR .....

(a) Residence: No. 906 Mowris St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 1 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foster Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Ben. Bonds.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Agnes Baker

16. BIRTHPLACE (city or town) (State or country) Louisville Ky

17. INFORMANT (Address) Nancy Bonds 174 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL: Nat'l Cem. Date Dec. 27 1938

19. UNDERTAKER Adolphus Halstead (Address) 918 Druid Hill Ave.

20. FILED ..... 19..... Registrar.

DEC 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/38

22. I HEREBY CERTIFY, That I attended deceased from 12/7/38 to 12/24/38

I last saw her alive on 12/22/38 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/20/38
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. S. Hourihane M. D.

(Address) 1600 W. Lanvale St

53394 HEALTH DEPARTMENT—CITY OF BALTIMORE 53394

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospital 25th Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur E Feathers Jr

If U. S. Veteran specify WAR

(a) Residence: No. 3834 6th Brooklyn Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Arthur E Feathers Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Matilda O Thiess

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Mr Arthur E Feathers Jr

(Address) 3834 6th St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Dec 29 1938

19. UNDERTAKER William H Woods

(Address) 715 Light St.

20. FILED DEC 28 1938 Hunter Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26, 1938.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Virgil Sittman, M. D.

Coroner

(Address) 1307 Edmondson Ave

DEC 28 1938

53395 HEALTH DEPARTMENT—CITY OF BALTIMORE 53395

CERTIFICATE OF DEATH X 216-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Worth Spinks

(a) Residence: No. Morris Hill Brooklyn Md. St., Ward. A. A. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Spinks

6. DATE OF BIRTH (month, day, year) Aug 18, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles Spinks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Meade

16. BIRTHPLACE (city or town) (State or country) Va.

17. INTERMENT Chas. Spinks Morris Hill Brooklyn Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 28/1938

19. UNDERTAKER Williams & Marech

(Address) 710 Light St. Baltimore, Md.

Dec 28 1938

(Signed) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Acc. Date of injury Dec. 25, 1938, 19

Where did injury occur? A. A. Co. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury in Ritchie Highway at Hill Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Coroner

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 53396

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Genl. Hospital (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Jerome Bonaparte Hurley

If U. S. Veteran specify WAR .....

(a) Residence: No. 424 N. Linwood Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Hurley

6. DATE OF BIRTH (month, day, year) Aug. 18 1882

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
56	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capt. City Fire Boat #

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Torrent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Hurley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Emma L. Hurley

(Address) 424 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec. 29 1938

19. UNDERTAKER J. Wrenn & Sons

(Address) 715 Light St

20. DEC 28 1938 Filed for [illegible] for Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/14/38, 19.., to 12/26/38, 19.. I last saw him alive on 12/26/38, 19.. Death is said to have occurred on the date stated above, at 7 50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar — pneumococcus type I	
Septicemia, pneumococcus	
Basilar meningitis —	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Lee M. D.

(Address) So Balto Genl Hosp.

53397 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 53397

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital – 215 (Room) St., ... Ward) Registered No. 15-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? No yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James H Fry

(a) Residence: No. 3407 Liberty Heights Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Fry.

6. DATE OF BIRTH (month, day, year) Dec 12 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	0 0	1 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Jas. H. Fry

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Mrs Sara

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mr. H. E. Burns

(Address) 110 W Mt Royal Ave, Baltimore, Apt E.2

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Dec 28, 19 38

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..... 19 ..... [illegible] Registrar.

DEC 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938 to Dec 26, 1938

I last saw h[illegible] alive on Dec 25, 1938 Death is said to have occurred on the date stated above, at 5:40 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Cancer — Duration: 5 mos

Other contributory causes of importance: None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W K Maxwell M. D.

(Address) Md Gen Hosp

53398

HEALTH DEPARTMENT—CITY OF BALTIMORE

53398

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Oak St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Belle Lewis

If U. S. Veteran specify WAR

(a) Residence: 2210 Oak St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Lewis

6. DATE OF BIRTH (month, day, year): June 30-188

7. AGE: Years 52 | Months 5 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Talbert Corbin

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Bessie Sydnor

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Richard Lewis 2210 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Dec 29 1938

19. UNDERTAKER: T. E. Kelson

(Address) 1303 Pleasant St

20. FILED DEC 28 1938 H. Lincoln Willmore, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 21 1938
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jesse S. Allen M. D.

(Address) 50 Augusta St

53399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 53399

Registered No. .....

1. PLACE OF DEATH Mercy Hospital Baltimore, Md. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 62 yrs. 7 mos. 24 da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry W. Bagwell

(a) Residence: No. 2133 E. Oliver St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Bessie

6. DATE OF BIRTH (month, day, year) May 1, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Ann Connelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Wife 2133 E. Oliver

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 12-29-38

19. UNDERTAKER Leonard J. Roche (Address) 6200 Ft. Avenue Baltimore, Md.

20. FILED DEC 28 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 38 12-15, 1938, to 12-26, 1938

I last saw h.. alive on 12-26, 1938. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, right upper	12-18-38
Acidosis	12-25-38
Diabetes mellitus	6-1-37
Other contributory causes of importance: Hypertensive cardiovascular disease	12-20-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) G. S. Swiss M. D.

(Address) Mercy Hospital

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 26th DAY October

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #F50367 Sept. 19, 1938 AND

ENDING WITH #F53399 Dec. 28, 1938 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: J. McFaul

END OF REEL